

# **Reform in China's Population Program: A View from the Grassroots**

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Submitted in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy  
under the Executive Committee  
of the Graduate School of Arts and Sciences

COLUMBIA UNIVERSITY

2015

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## **ABSTRACT**

### **Reform in China's Population Program: A View from the Grassroots**

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Having largely achieved the goal of “controlling population quantity,” and faced with slowing economic growth, serious demographic problems, and the changes brought about by the deepening marketization of Chinese society, China’s central-level leaders have, in recent years, turned their attention to the lesser known twin objective of their population policy, “improving population quality.” To this end, they have introduced program reform aimed at improving the quality of services. They have adopted an eclectic approach to program reform, drawing selectively on global discourses and practices on sexual and reproductive health and rights and at the same time relying on their own model of experimental governance, namely, conducting “pilot experiments” in carefully selected sites. Developments at the central-level have been a subject of scholarly attention, but until now, relatively little attention has been paid to grassroots implementation, making it difficult to assess the degree to which practice has in fact changed.

This dissertation examines how global discourses and practices on sexual and reproductive health and rights, articulated in global forums and consensus documents, have been taken on, interpreted, and experienced by people at the grassroots level in China. It is based principally on six months of fieldwork, July - December 2009, in

Deqing, a rural county, located in the northern part of Zhejiang Province, in the Jiangnan region of China. Deqing is a pilot site for the introduction of “client-centered” approaches to implement the population program. Data were derived from participant observation, analysis of documents, semi-structured interviews with 17 local-level providers working at the county, township, and village-levels in clinical and administrative capacities, and 17 married women of reproductive age residing in three townships.

I documented many innovative approaches that the local program developed to promote “quality service” and its various components, such as “information,” “choice,” and “rights,” as they understood them. I also found that the range of services that the program now provides extends well beyond birth planning and that in addition to its core demographic, married women of reproductive age, the program now targets new populations including those that have been a focus of global attention in recent years such as migrants and adolescents. For the populations that the program targets, migrants being a notable exception, the mode of governance has begun to shift from direct to more indirect means, the latter being considered a more efficient way to implement the program in the current environment. Unlike earlier efforts to “control population quantity,” which were often forcefully implemented and fiercely resisted, efforts to “improve population quality,” have received a warm reception by providers and clients alike in Deqing. While there are some continuities, overall, the changes that have been introduced are an explicit departure from past practice. Taken together, these findings contribute to ongoing debates regarding the dynamics and effects of globalization.

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## **ACKNOWLEDGEMENTS**

My greatest thanks go to Myron Cohen and Carole Vance, both of whom have been with me from the start of my long journey at the Graduate School of Arts and Sciences at Columbia University. Their sustained guidance and support have vaulted me over the many hurdles of my graduate career. I also want to thank other members of my committee, Lynn Freedman, Jennifer Hirsch and Connie Nathanson for providing unique perspectives that enabled me to complete the dissertation. Thanks also to Wendy Chavkin for her incisive comments on an early draft. I am deeply indebted to Marlyn Delva, Justin Laird, and Jen McGrath for the additional support that they provided.

I also would like to thank Andrew Hsieh and Paul Watt, who sparked my interest in China as an undergraduate at Grinnell College. Thanks to my Chinese language teachers at Columbia University, the Middlebury Summer Language Institute and the Taipei Language Institute. Those at the latter enabled me to continue my studies after my plans to study at Beijing University in the summer of 1989 were derailed by the events which transpired. Thanks to Jim McCarthy who introduced me to the field of demography while I was student in the Columbia University School of Public Health and to Madeleine Zelin who deepened my understanding of Chinese History while I was a student at the Columbia University School of International and Public Affairs,

I am extremely grateful to Gu Baochang and Xie Zhenming, who gave me the opportunity to learn about the pilot project in Quality of Care and encouraged me to pursue the topic for my dissertation. Both showed infinite patience with me and my questions. Thanks also to Zhao Baige and Zhang Erli who endorsed my plan to carry out research in one of the initial pilot sites. Thanks to the staff of the Quality of Care Project

Office in Beijing, especially Tang Meijun, who introduced me to a diverse group of scholars working at the China Population and Development Research Centre, my host institution. Thanks to this diverse group for meeting with me and discussing their ongoing research. Thanks to the Ford Foundation for supporting my stay in Beijing which in addition to making it possible to visit my host institution gave me the opportunity to participate in the 2009 Asia Pacific Conference on Sexual and Reproductive Health and Rights where I learned of many new and innovative projects being carried out in the region.

In Deqing, my greatest thanks go to Shen Yihong, the Head of the Deqing County Population and Family Planning Commission and to Xiao Yang my research assistant. Shen Yihong was quick to offer new opportunities for me to learn about the local program as these opportunities arose, which they did quite frequently often at very short notice. Xiao Yang provided invaluable logistical support for my research. In their own way, each and every member of the clinical and managerial staff of the Deqing County Population and Family Planning Commission facilitated my research, sharing with me their insights into the program and Deqing in general.

At the township and village levels thanks to all the program staff, officials, and especially the local women who shared with me their experiences with and perspectives on the program and a variety of related issues. Special thanks go to the two women's heads with whom I resided during my time in the two villages that were the focus of my research. Had I been limited to day trips to the villages from the county seat, my perspective would have been considerably narrower and I would not have been able to join the evening fireside chats where so much was shared.

Thanks to the principal, my fellow teachers, and the two groups of students at the English language school in Deqing where I taught part-time. I learned much from all of them.

Thanks to Judith Bruce for giving me the opportunity to work with Gu Baochang at the Population Council and to Ruth Simmons an early supporter of China's efforts to introduce a client-centered approach to its population program. Thanks to Susan Greenhalgh who served on my proposal committee and to Joan Kaufman who led the Ford Foundation's early efforts in support of China's quality of care initiative. In their respective fields, anthropology and public health, they pioneered the way for a deeper understanding of China's one-child policy.

Thanks to Carl Kleban for his compassionate care and ongoing support.

Finally, thanks to my family in New York and Suzhou, especially Zhen, who knows more about China's population program than any physicist should, and to Carl, who grew up with the project. Thanks to Ning Ning, Cui Cui, Mian and Nainai who looked out for me during my time in China and always welcomed me home to Suzhou. My words alone cannot express my profound gratitude to all of those who have helped me see this project to its end.

## **DEDICATION**

For Carl, Zhen, and Nainai and in Memory of Chen Laoshi

## INTRODUCTION

This dissertation is an ethnography of China's quality of care pilot project,<sup>1</sup> the aim of which is to introduce a "client-centered" approach to implementing the population program.<sup>2 3</sup> It is based principally on six months of residence and fieldwork (July through December 2009) in Deqing County, a rural county located in the northern part of Zhejiang Province, in the Jiangnan region of China, the area south of the lower Yangzi River.

China has long been known for its "one-child policy" (*dusheng zinu zhengce* 独生子女策)<sup>4</sup> and its efforts to limit the size and growth of its population.<sup>5</sup> Having largely achieved the goal of "controlling population quantity" (*kongzhi renkou* 控制人口),<sup>6</sup> the attention of China's

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<sup>1</sup> In China, the project as well as the general movement to improve program quality is referred to as *youzhifuwu* (优质服务) and translated as quality of care. The more accurate translation of *youzhifuwu* is "quality service." Though the program now seeks to promote the more inclusive concept of quality of care, the phrase *youzhifuwu* is still in use. The project is also sometimes referred to as the pilot or experimental project in quality of care or more succinctly as the pilot project or the experimental project. Consistent with Chinese use, I use all three terms interchangeably.

<sup>2</sup> By the "population program," I mean broadly speaking the activities carried out by the National Population and Family Planning Commission (NPFPC) and population and family planning commissions at the provincial, prefectural, and county levels, on their own or in coordination with other government agencies. For much of its history, the population program has been largely a "birth planning" program. Its core function has been state planning of births. In recent years as the gap between state demands and individual fertility desires has narrowed, the program has moved closer to a "family planning" model. The program has also expanded beyond its core demographic married women of reproductive age (MWRA), and now targets other groups.

<sup>3</sup> For names of governmental agencies, I follow the official English translation made by the Chinese state.

<sup>4</sup> A "one-child policy" does not mean that all are limited to one-child though a one-child norm is promoted. In the late 1990s, 35.4 percent of China's population fell under a one-child policy, 53.6 percent fell under a 1.5 child policy (a second child is permitted if the first is a girl), 9.7% percent fell under a two-child policy, and 1.3 percent of the population fell under a three-child policy (Gu, et al. Wang, Gu, and Zheng, 2007).

<sup>5</sup> By the early 1990s, fertility dropped below the replacement level, the level of fertility at which a couple has only enough children to replace themselves, about two children. Though fertility is now at

leaders has shifted in recent years to the lesser known twin objective of its population policy, “raising the quality of the population” (*tigao renkou suzhi* 提高人口素质). This is viewed by the central leadership as key to continued economic growth and the maintenance of “social stability.”

China now faces or will soon face some serious demographic challenges, including a high sex ratio imbalance, a rapidly aging population, and a reported rise in birth defects. To raise the quality of the Chinese people and address the costs of the one-child policy, reform-minded policymakers and scholars, from within China’s “population establishment,” turned not to directly challenging the one-child policy, which would not have been tenable, but rather to reforming the population program. Because the focus has been on program reform rather than policy change, the changes which have been introduced have largely been off the radar for people outside of China.

A popular view among those with knowledge of China’s population program is that the “paradigm shift” in global population and development discourse, which took place in the mid-1990s and shifted the focus of attention from the achievement of demographic targets to the promotion of reproductive health and rights, was decisive in the launch of program reform in China. The paradigm shift did dovetail with domestic developments, but it was not the reason reform was undertaken. Developments within China such as the dramatic change in the age and sex structure of the population were primary. The paradigm shift did, however, popularize a new vocabulary and suggest ways that program reform might be carried out.

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the below-replacement level, because of population momentum, the overall size of the population will continue to grow for several years.

The senior leadership of China's population program, quickly began to speak of the program employing the new vocabulary, a vocabulary of "reproductive health" (*shengzhi jiankang* 生殖健康) and "reproductive rights" (*shengzhi quanli* 生殖权利), phrases that did not previously exist in Chinese and had to be invented. In their eyes, the paradigm shift jibed with their efforts to improve population quality. Additionally, the attention in the new paradigm given to populations that had previously received relatively little consideration, populations such as adolescents, and migrants meshed with Chinese leaders' growing concern for these populations. In the eyes of China's central leadership, if the "needs" of these populations were not met by the program, they could become a threat to "social stability" (*shehuide wending* 社会的稳定).

The program has drawn selectively on global discourse and practice. To guide program implementation, the program developed a model inspired by the quality of care framework developed by Bruce and colleagues at the Population Council (Bruce 1990). The details of program implementation, however, were left largely to the local program. Such localization is common in China, and has at times been confusing to outsiders who see a hodgepodge of rules, regulations, and practices. But such variation is intended, and adaptation of central government principles to local conditions is a core feature of the population program and other government programs.

To carry out the project, the program adopted a method that is central to the Chinese policymaking process, trying out new approaches in experimental sites <sup>7</sup> before scaling up and formulating policy, a sequence that contrasts with practice in many other places. Additionally,

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<sup>7</sup> On the origins of decentralized experimentation in China see Heilman (2008), who outlines the steps for establishing "model experiments" in the post-Mao era: select locations conducive to successful experimentation; nurture activists and cadres in the locations, and report regularly to higher authorities.



rather than carrying out experiments in places of greatest need as is commonly done,<sup>8</sup> leaders at the central level select experimental sites where they believe the chances for success are good. It was for this reason that Deqing County in Zhejiang Province was among the first group of experimental sites chosen for the quality of care project. Not only was it relatively prosperous, but, by existing standards, it was considered to have a relatively successful history of birth planning practice.

While the central government considers the pilot project a success and has since scaled up the project, there has been little documentation of local implementation in the pilot sites. By examining local population practice in Deqing, my research fills this gap in the literature. It also presents the opportunity to examine how global discourses and practices on sexual and reproductive health and rights (SRHR) articulated in global forums and consensus documents have been taken on, interpreted, and experienced by people at the central and local levels in China. In doing so, it will provide new insight into the dynamics and effects of globalization and by employing a governmentality analytic contribute to understanding of new modes of governance in contemporary China.

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<sup>8</sup> The United Nations Population Fund (UNFPA) followed the more conventional strategy in its fourth cycle of assistance to China, focusing its attention on 32 poor counties.

## CHAPTER ONE

### DEQING

#### Section 1.1: Deqing County Overview

##### *Deqing History*

Deqing has a long history which can be traced all the way back to Majiabang Culture (5,000 - 3,000 B.C.). Later, Liangzhu Culture (3,300 – 2,000 B.C.) flourished in Deqing and artifacts including pottery dating back to this time have been found in the area. Some of China's most celebrated commodities – tea, silk, porcelain, and rockery – have also long been produced in Deqing. The cultivation and processing of tea has been and continues to be an important part of the local economy in the Western part of Deqing, which is mountainous, and tea drinking rituals (*da cha hui* 大茶会) are an important part of Deqing culture. Historically, sericulture has been important in Deqing, and dates to the Spring and Autumn Period. Until relatively recently it was an important source of income for farm families. The importance of sericulture in Jiangnan was described in detail in Fei Xiaotong's *Peasant Life in China*, an ethnography of a village in neighboring Jiangsu Province, not far from Deqing. Mulberry trees still stand and some of those with whom I spoke recounted the time in their youth when sericulture was widely practiced. The Deqing kilns date back to the Western Zhou (1,027-771 B.C.) and some claim that porcelain was first produced in the area. Deqing, especially Wukang, is also famous for its stones and the quarrying of stones in Wukang can be traced to the early Song Dynasty (960 -1279). In ancient times, some stones were used for the construction of bridges and towers while others were prized for their appealing shape and size, and displayed as rockery in gardens, a practice which

continues to be an important part of the local culture in Deqing and the Jiangnan region as a whole.



Fig. 1. Mountainous Area in the Western Part of Deqing (Source: Deqing County Population and Family Planning Commission (DCPFPC)).



Fig.2. Wetland in the middle of Deqing County (Source: Deqing County Population and Family Planning Commission (DPFPC)).

Deqing, with its long history, refined cultural traditions and picturesque scenery has also been known for its celebrated scholars, painters, poets and calligraphers.

### *Deqing Geography*

Deqing County is located in the northeastern part of Zhejiang Province, in the Jiangnan region, the area south of the lower Yangzi River. Its terrain is varied, and slopes from west to

east. In the western part of the county lies Mogan Mountain (fig 1), in the middle is the largest wetland in Zhejiang Province, Xiazhu Lake (fig 2), and the eastern part is characterized by plentiful rivers and lakes as can be seen in the map below (fig 3). It covers an area of 935.9 square kilometers, 54.75 kilometers from east to west and 29.75 kilometers from north to south. The Beijing-Hangzhou Grand Canal, the longest and oldest canal in the world, runs through the southeastern part of the county and the East Tiaoxi stream runs from north to south.

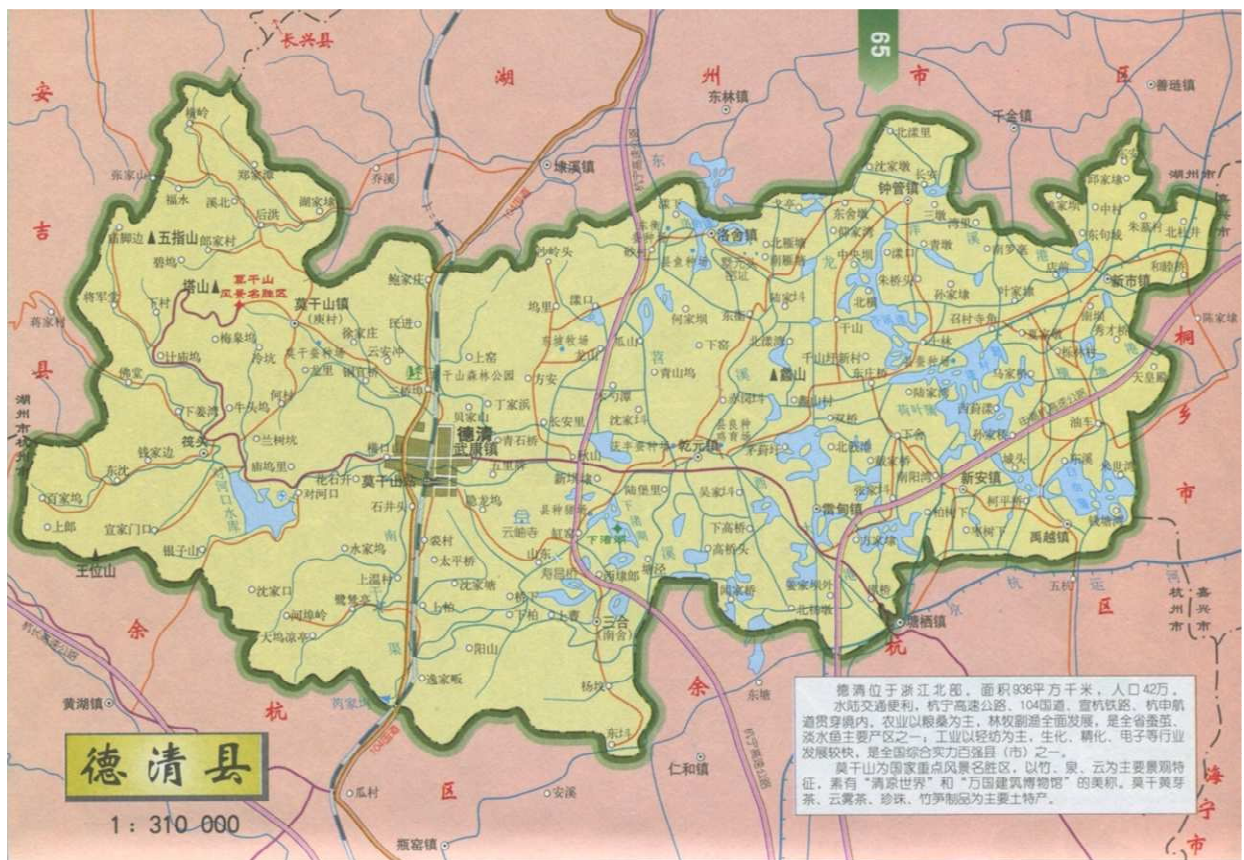


Fig. 3. Map of Deqing County (Source: 浙江省地图 Zhejiang Sheng Dituce 1999).

### *Deqing Administration*

Deqing County has jurisdiction over 11 townships (乡镇 *xiangzhen*), 166 administrative

villages (*xingzheng cun* 行政村), and 1 economic development zone (*kaifaqu* 开发区). Wukang has been the county seat since 1994. The county seat was moved from its original location because its geography presented obstacles to further development. The new county seat, Wukang, is located in the hub of a transportation network, which includes the Hangzhou-Nanjing Expressway, the National Highway 104, Provincial Highway 9, and the Xuan Hang Railway.

### *Deqing Economy*

Since “reform and opening up” (*gaige kaifang* 改革开放), the economy of Deqing has grown quickly. In 2009, the GDP was 20.24 billion *yuan* (元),<sup>9</sup> an increase of 9.6% over the previous year. The average annual income for those with urban household registration (*hukou* 户口) was 25,139 *yuan*, an increase of 9.3% over the previous year. For those with rural household registration (*hukou* 户口), it was 12,002 *yuan*, an increase of 9.1% over the previous year (Source: Deqing County Government).

Traditional industries include tea and bamboo production, the processing of silk, and the cultivation of fish and rice. Deqing is often referred to as “The land of tea and bamboo, the home of silk, the land of fish and rice, the seat of culture” (*Yumizhixiang, sichouzhifu, zhuchazhidi, wenhuazhibang*, 鱼米之乡, 丝绸之府, 竹茶之地, 文化之邦). Modern industries include construction materials, textiles, bamboo processing, chemicals, and electronics. There are over 1,000 industrial companies and more than 500 small private businesses (*geti gongshanghu* 个体工商户).

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<sup>9</sup> *Yuan* is the Chinese currency. 1 USD is approximately 6 *yuan*.

### *Deqing Disease Profile*

In Deqing, like China as a whole, non-communicable diseases such as cardiovascular disease, cancer, and chronic respiratory disease are the leading cause of death. At the same time, infectious disease such as tuberculosis and Hepatitis B continue to exact a heavy toll. Sexually-transmitted infections (STIs) that had previously been eradicated have reappeared. Death from traffic accidents is also a significant problem.

### *Deqing Demography*

As can be seen in Table 1, for the last decade, the population of Deqing has been stable at about 423,000 for those with local household registration (*hukou* 户口), 350,000 of whom are classified as rural, and 73,000 of whom are classified as urban. The migrant population or those “coming from outside” (*wailai renkou* 外来人口), as they are commonly known, who do not have local household registration, is about 100,000. The number of migrants coming from within and outside Zhejiang Province between 2001 and 2007 are shown in Table 2. While migration in and out Deqing has continued unabated, the net effect on the total population of migrants has been small.

In 2008, the population with Deqing household registration (*hukou* 户口) was 425,659, evenly divided between males and females, 212,830 and 212,829 respectively; 52,683 persons, 12% of the population, were 14 years of age and under; 276,982, 65% of the population, were of working age; and, 53,642 persons, 13% of the population, were 65 years of age or older. This

population structure has been a boon to economic development in recent years. However, this “population dividend” will dwindle as the number of married women of reproductive age (MWRA) declines. In 2000, there were 123,330 married women of reproductive age; in 2005, there were 123,099; and, in 2010 and 2015 it was predicted that there would be 118,267 and 105,763, respectively.

Table 1. Deqing County, Population with Deqing household registration, 1995-2007 (Source: Deqing County Population and Family Planning Commission (DCPFPC))

Year	Population
1995	415,016
1996	417,743
1997	420,323
1998	420,040
1999	421,033
2000	423,964
2001	423,662
2002	423,848
2003	423,402
2004	424,067
2005	424,709
2006	423,571
2007	427,567

Table 2. Number of migrants to Deqing County from within the province and from outside the province, 2001-2007 (Source: Deqing County Population and Family Planning Commission (DCPFPC)).

Year	From Within Zhejiang	From Outside Zhejiang	Total
2001	3,913	2,421	6,334
2002	3,331	3,392	6,723
2003	10,790	2,140	12,930
2004	34,749	1,513	36,262
2005	6,030	1,160	7,190
2006	4,209	1,632	5,841
2007	4,503	1,755	6,258

Along with the decline in the number of married women of reproductive age (MWRA), there has been a decline in the number of births in recent years (see Table 3). Since 1990, there have been 71,580 births, 3,976 per year on average. Since 2000, there were only 23,747 births, 3,000 per year on average. According to a projection, annual births will increase slightly from 2008 until 2013, the peak. From 2014 to 2031 however, the number of births will continue to decline such that by 2030, there will be only 1,581 births, a birth rate of 3.93%. In 2032, the number of births will increase but the number of births will not exceed 2,000. Every year, the average number of deaths will be 4,661. Because there are more deaths than births, the total population will decrease every year. The birth rate, death rate, rate of natural increase, and the total fertility rate for the period from 2000 to 2007 are shown below in Table 3.



Table 3. Deqing County, Births, Birth Rate,<sup>10</sup> Death Rate,<sup>11</sup> Rate of Natural Increase,<sup>12</sup> Total Fertility Rate (TFR),<sup>13</sup> 2000-2007 (Source: Deqing County Population and Family Planning Commission (DCPFPC)).

Year	Births	Birth Rate	Death Rate	Rate of Natural Increase (or decrease)	Total Fertility Rate
2000	3,700	8.74	7.79	0.95	1.150
2001	3,038	7.17	6.05	1.12	0.999
2002	3,162	7.46	6.39	1.07	1.100
2003	2,126	5.02	6.66	-1.64	0.085
2004	3,155	7.44	6.71	0.73	1.267
2005	2,982	7.03	6.06	0.97	1.236
2006	2,636	6.21	7.52	-1.31	1.110
2007	2,948	6.95	6.80	0.15	1.173

With these dynamics set in motion, the age structure of the population in Deqing will be dramatically different in 2050 than it is at present. According to a projection, by that time, close to 45% of the population will be aged 65 and over. As the population ages, the working age population will fall. By 2020, the working age population will comprise 59.9% of the population;

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<sup>10</sup> The birth rate is the number of births per 1000 population in a given year.

<sup>11</sup> The death rate is the number of deaths per 1000 population in a given year.

<sup>12</sup> The rate of natural increase is the rate at which the population is increasing (or decreasing) in a given year due to a surplus (or deficit) of births over deaths, expressed as a percentage of the base population

<sup>13</sup> The total fertility rate (TFR) is the average number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year.

and by 2030, the working age population will be only 47.1% of the population, approaching that of the population 60 years of age and older.

These demographic changes have important implications for the population program and society at large in Deqing. Not only has there been a decline in the program's core demographic, married women of reproductive age (MWRA), but childbearing desires have fallen as well. In the last decade, more than 8,000 couples in Deqing, who could, according to birth planning rules, have a second child, chose not to do so. An experimental study (Zheng, Cai, Wang and Gu, 2009) carried out in provinces where the one-child policy is rigorously enforced found a similar pattern. In the study, couples in select areas of these provinces were allowed to have an additional child. The change did not result in a surge in births. In fact many couples chose not to have a second child even if their first-child was a girl. Another study (Cai 2010) compared fertility in Jiangsu Province where fertility policy restricts most couples to one child to Zhejiang Province where a significant proportion of the population is allowed a second child if their first child is a girl. Both provinces are among the most developed in China and though fertility policy differs in the two provinces, both have low levels of fertility. This leads Cai to conclude that the decisive factor in the transition to below-replacement fertility in China has been socioeconomic development.

### *Deqing Program Statistics*

According to the records of the Deqing County Population and Family Planning Commission, in 2008 there were 2,826 births in the county. The planned birth rate<sup>14</sup> was 98.01%.

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<sup>14</sup> The planned birth rate refers to the proportion of births that fall within local family planning regulations in a given period, usually one year.

The sex ratio at birth<sup>15</sup> was 108, which is considered to be “normal.” The out of plan birth rate<sup>16</sup> for ever married women was 1.03%. The contraceptive prevalence rate<sup>17</sup> was 92.16%. For the first ten months of 2009, there were 2,401 births. The planned birth rate was 97.67%. The sex ratio at birth was 98. The out of plan birth rate for ever married women was 1.15%. The contraceptive prevalence rate was 91.59%.

## **Section 1.2: Three Townships**

The study focused on three townships. Within the three townships, I selected two administrative villages and one urban district for further study. Detail on these areas follows below.

### *Piano Township*

The first township, which I will call Piano Township, is located in the northern part of the county. It occupies an area of approximately fifty square kilometers. The population with local household registration (*hukou* 户口) is approximately 20,000. There are approximately 8,000

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<sup>15</sup> The sex ratio at birth (SRB) is the number of male births per 100 female births in a population in a given period usually one year. The normal sex ratio at birth ranges from 103 to 106 male births per 100 female births.

<sup>16</sup> The unplanned birth rate refers to the proportion of births that fall outside local family planning regulations in a given period, usually one year.

<sup>17</sup> In China, the contraceptive prevalence rate (CPR) is the percentage of women who use contraceptives at a particular point in time among all married women of reproductive age who are required to use contraceptive measures according to local family planning regulations. The contraceptive prevalence rate thus defined can approach 100 percent. This differs from the standard definition, which is the percentage of women who use contraceptives in a given time period, usually one year.

migrants from more than ten provinces. Piano manufacturing (fig. 4) and wood processing are the primary industries and locally, the township is known as “the home of industry, the home of pianos” (*gongyehixiang ganqingzhixiang* 工业之乡, 钢琴之乡).

Piano manufacturing started in the 1980s and the township now produces more than 30,000 pianos a year (about 10 percent of national production), mostly for the domestic market. The development of the wood industry was driven by the piano industry’s need for large quantities of prime quality wood. In producing pianos, many small pieces of wood are leftover. To make good use of the surplus wood, the wood processing industry developed. The processed wood is sold in domestic and international markets. Traditional industries include aquaculture, sericulture, and wine production (fig. 5).

#### *Administrative Village (in Piano Township)*

The administrative village occupies an area of approximately 10 square kilometers. Traditional style houses are gradually being replaced by two- or three-story structures with modern plumbing. The village has a population of approximately 4,000, of which approximately 800 are married women of reproductive age (MWRA). Of the 800 married women of reproductive age (MWRA), approximately 300 are originally “from outside” (*wailai renkou* 外来人口). Approximately, 200 of the 300 have married local men (*bendiren* 本地人), and now have local household registration (*hukou* 户口). About 80 percent of men and women in the village work full-time in companies that either process wood or manufacture pianos. Most are workers that earn a relatively modest though steady wage but those, who work in management or help found one of the wood processing companies, have become wealthy.



Fig. 4. Piano factory in Piano Township.



Fig. 5. Storage containers for wine at a factory in Piano Township which has produced yellow wine (*huangjiu* 黄酒) for centuries.

### *Bamboo Township*

The second township, which I will call Bamboo Township, is located in the western part of the county. Its population is slightly less than that of the first township, but it occupies an area

that is more than double that of the first township. The terrain is hilly. Approximately 80% of the area is forest, largely bamboo. Bamboo, tea, and fruit are important agricultural products and the mainstay of the local economy. Though its inhabitants are classified as rural, and engage in farming, as in much of rural China today, it is relatively uncommon to find a family that derives all of its income from farming. Instead, they also engage in sideline production in the village or migrate to towns and cities to work on a temporary or long-term basis. The “women’s head” or *funuzhuren* (妇女主任), the person with primary responsibility for implementing the population program at the village level had herself previously migrated in search of new economic opportunities, and was currently engaged in sideline production in the village. Though many parents anticipate that their well-educated children will no longer farm in the future, something they are more or less comfortable with as it is an indicator of upward mobility, some of their own parents (the children’s grandparents) are sad that their families might be dispersed. One commented that “It is better that they don’t get too much education because if they do they leave the village.’

A member of the administrative staff working at the county level of the population program referred to the inhabitants of Bamboo Township as “our (Deqing County’s) northern people,” underscoring the difference in their habits and traditions from others in Deqing. It is true they have some habits that are different. For example, in the cold winter months, particularly in the evenings, when family members and occasionally a friend visit for an evening chat, they gather round a rather large tub of smoldering ashes to keep warm. They also bathe in a rather deep clay pot filled to the brim with steaming hot water. Some also have a heated stone platform bed (*kang* 炕). The “woman’s head” (*funuzhuren* 妇女主任), with whom I stayed had one in her home although it was no longer in use.

The relatively recent history of the township is rather colorful. In the 1930s, to escape the summer heat of Shanghai, expatriates would summer in the mountains. They even erected a church in the township, the foundation of which remains to this day. During the civil war, the expatriates left en masse. Later, some important meetings of high-ranking officials, including Mao himself, took place in the township. Its discreet location made it attractive for such use. For the next couple of decades, the township was largely occupied by its long-time residents and kept a rather low profile. Quite recently, it has again been rediscovered largely by wealthy Chinese and a few expatriates as a desirable place to visit. To accommodate the new influx of visitors some entrepreneurial residents have established rural guest houses (*nongjiale* 农家乐). In addition to providing a place to stay and enjoy the scenery, they are intended to give the visitors a taste of rural life. Commonly, guests are taken for a walk around the village with their host before they set out on their own. Then, later the guests gather for what is considered a rustic meal, one with different flavors and ingredients than they might enjoy in town. As with all things of this kind, there is a degree of artifice.

#### *Administrative Village (in Bamboo Township)*

The administrative village occupies an area of approximately 5 square kilometers and has a population close to 1,000, of which approximately 200 are married women of reproductive age (MWRA). Since economic opportunities are limited, much of the working age population works outside the village, mostly in the county seat, Wukang, though some work in Shanghai, Suzhou, and Hangzhou. Thus, like many villages across China, during the daytime at least, the village is occupied largely by the very young (too young for school) and the very old, the latter of whom take on responsibilities that one might not expect of someone their age. The earnings of those

who “go out” (*waiqu* 外出)<sup>18</sup> have raised the local standard of living, though relative to those in the other administrative village, the gains have been much more modest. The local economy is based largely on bamboo production, and during harvest time, one can observe farmers engaged in various stages of the production process – bringing the logs down from the forest (fig. 6), cutting the logs and gathering them into bundles (fig. 7) etc. While most of the bamboo is headed for the national and global market, some is kept at home and used to construct local handicrafts (fig. 8).



Fig. 6. Bringing the freshly cut logs down from the bamboo forest.

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<sup>18</sup> *Waiqu* 外出 refers to going (out) to other places, usually urban areas, and *waiqu renkou* 外出人口 refers to residents with local household registration (*hukou* 户口) who migrate on a temporary or long-term basis. It contrasts with those who migrate to the area and do not have local household registration. The latter are referred to as *wailai renkou* (外来人口), literally the population coming from outside. Finally, those who are native to the area and have local household registration (*hukou* 户口) are referred to as those who are rooted in the soil (*bendi ren* 本地人).





Fig. 7. Bundling the bamboo



Fig. 8. A man making a bamboo basket with his son.

### *Wukangzhen*

The third township is *Wukangzhen*, the county seat. *Wukangzhen* is a small town. But it is also the political and economic center of the county. It occupies an area of approximately two hundred and fifty square kilometers, approximately 20 square kilometers, of which is the city proper. The population with local household registration (*hukou* 户口) is approximately 120,000. There are approximately 80,000 migrants in the township. *Wukangzhen* hasn't been the

county seat for long, only since 1994. At that time, the decision was made to move the county seat to *Wukangzhen*, and make it the center of a rapidly developing transportation network linking Hangzhou to Huzhou. After an initial period of adjustment, development in *Wukangzhen* rapidly took off. Though *Wukangzhen* is a small town, businesses of a certain type are clustered on particular streets. There is, for instance, a street where baby equipment, children's clothes, and toys can be found. Another street has building materials, fixtures, and showrooms with model kitchens and bathrooms. Together, these two streets tell us something about the market in *Wukangzhen*, where demand for these items are strong.

There are several different types of housing in *Wukangzhen*. Together, they give us a sense of social stratification in the town. In the old part of town, or what little remains of it, there are narrow alleyways with small one-story houses with tiled roofs and small courtyards, the kind of dwelling that was once common in towns and small cities in Jiangnan, but is now often slated for demolition under urban renewal. This type of housing generally does not have modern plumbing. People have mixed feelings about these old houses. Some are deeply attached to them, and want to preserve them as part of their cultural heritage. Others just as soon would see them replaced by new structures with modern plumbing.

In the newer part of town, in between stores that are clustered together, are apartment compounds with five and six-story structures. These buildings, often made of concrete, appear somewhat shabby from the outside, but are often quite nice when one is inside. Flanking the park, are high-rises, some of which are gated. On the periphery, are clusters of new houses, some "Tudor Style," some "Spanish Style." These houses are often rather grandiosely referred to as villas though they seem more akin to something one might see in a modest American suburb. Finally, further out there are houses with special features, like oversize windows, dramatic

entrances, etc. They appear much more solid than the others. These, I was told, money alone could not buy. One had to be very well-connected to inhabit a house of this type.

*Urban district in Wukangzhen*

The urban district in *Wukangzhen* occupies a large area. The population with local household registration (*hukou* 户口) is approximately 8,000, of which approximately 1,200 are married women of reproductive age (MWRA). There are approximately 5,000 migrants, approximately 900 of whom are married women of reproductive age (MWRA). There is also a large elderly population.

## CHAPTER TWO

### RESEARCH QUESTIONS

Since the introduction of the one-child policy in 1979, “Controlling population quantity” (*kongzhi renkou suzhi* 控制人口素质) and improving “population quality” (*tigao renkou suzhi* 提高人口素质) have been the program’s twin objectives. However, until relatively recently, the focus has been largely on controlling the size and growth of China’s population. With fertility now at the below replacement level, the focus of China’s program has shifted to raising the “quality” of the population, and addressing the “costs” of the one-child policy.

While recent developments in China’s population program reform at the central-level have been explored (Greenhalgh and Winckler 2005; Greenhalgh 2010), relatively little has been known about local practice in the program. Greenhalgh commented in *Cultivating Global Citizens* (2010), “in the absence of more than a handful of independent field studies since 2003, it is hard to render an independent assessment of the degree to which these reforms have been implemented at the local level.” My research addresses this gap in the literature.

The guiding research question of my dissertation is: How have global discourses and practices on sexual and reproductive health and rights articulated in global forums and consensus documents been taken on, interpreted and experienced by people at the local level in China? The specific objectives of my research are:

- A. To understand the global, local, and historical context in which the program has been carried out;
- B. To document the scope of sexual and reproductive health services offered by the population program at the local level.
- C. To detail continuities and discontinuities with past practice in the program;

D. To obtain client and provider perspectives on the program.

The significance of my research is three-fold. First, it fills a gap in the literature on the one-child policy, that is, whether and how the reforms made at the central level in recent years have been implemented at the local level. Second, it provides insight into the dynamics and effects of globalization in an important domain, that of sexual and reproductive health. Third, by employing a governmentality analytic, my research contributes to understanding of new modes of governance in contemporary China.

## **CHAPTER THREE**

### **LITERATURE REVIEW**

In order to put my ethnographic fieldwork in perspective, I will first review the literature in three areas: (1) China's one-child policy, which outlines themes and analytic frameworks upon which my research builds; (2) The dynamics and effects of globalization, which my study explores by examining how global discourses on sexual and reproductive health and rights (SRHR) have been taken on, interpreted and experienced by people in China, particularly at the local-level, and (3) governmentality, which I use to examine new modes of governance in contemporary China.

#### **Section 3.1: One-Child Policy**

A few themes and analytic frameworks<sup>19</sup> have been dominant in the literature on the one-child policy: (1) state domination; (2) societal resistance; (3) the growing convergence between state and society childbearing norms; and (4) the expanded domain of the PRC's population project.

##### *(1) State Domination*

One of the earliest and most enduring themes in the literature on the one-child policy, especially the popular literature, has been that of state domination. According to this view, in the interest of meeting its modernization goals, the Chinese state compels, often with violent means,

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<sup>19</sup> Here, I focus on important themes and analytic frameworks in the literature. Other aspects of the one-child policy are detailed throughout the dissertation.

its people to limit their childbearing against their will, a policy that it has carried out more or less consistently albeit with varying degrees of intensity for over three decades. Most closely identified with the work of Aird (1990) and Banister (1987), both of whom were writing in the wake of the “high tide” of abortions and sterilizations that were carried out in China in 1983, this literature which makes extensive use of documentary sources, has had a lasting influence on the American public, its political leaders, and its scholars, including some China specialists and those working in the field of sexual and reproductive health.

## *(2) Societal Resistance*

A second perspective, that of societal resistance by China’s rural population, was popular with scholars writing on the early history of the one-child policy (Greenhalgh 1994; Greenhalgh and Li 1995; Wasserstrom 1984; White 2003; White 2006; Zhang 1999) . This perspective allows for some agency on the part of China’s rural population depicting them as pushing back against or resisting the state’s demand that they limit their childbearing, a demand they viewed as unreasonable given their need for financial support, labor, and the fulfillment of ritual obligations. This literature details a range of resistance strategies from covert forms such as the illicit removal of IUDS or bearing a child in secret to more overt forms such as public protest over program abuses. Resistance by local cadres charged with implementing policy is also described and strategies such as the false reporting of statistics or the reworking of program rules to fit local realities detailed.

### *(3) The growing convergence between state and society childbearing norms*

Over time, first in urban areas and then in rural areas, scholars began to find evidence of a growing convergence in state and society childbearing norms. Milwertz (1997) found that the urban women in Beijing and Tianjin, whom she interviewed, largely “accepted” the state’s demand that they limit their childbearing. They did so for several reasons: they accepted the state’s rationale for the one-child policy; they accepted the control with which the one-child policy was implemented provided it applied unequivocally to all; they had neither the funds nor the energy to support more than one-child; the intergenerational contract had weakened and parents did not expect to be financially dependent on their children in their old age, and; they depended on the workplace for social welfare benefits, a factor which made their behavior relatively easy to monitor.

Ethnographic studies carried out in two villages, one in the northern Chinese province of Heilongjiang in the late 1990s (Yan 2003), and the other in the central Chinese province of Hubei in the early 2000s (Zhang 2007) found that increasingly families in these two villages had decided not to have a second child even if their first was a girl. For Yan (2003), several factors accounted for the change: the increasing cost and declining utility of children; the decline of traditional fertility culture and the rise of a youth subculture; the growing importance of the conjugal relationship, and the importance of the community in shaping fertility desires and demand for children. According to Zhang (2007), four emerging socioeconomic and demographic factors helped facilitate new fertility trends and behavior: the declining importance of child-rearing as the cultural norm of insurance against old age; the emergence of a new cultural norm to demonstrate filial piety, one based not on farm labor but “how much children can make from an urban job and how much they can or *are willing to* send home;” new standards



of good parenthood that place a good deal of financial stress on parents to invest in their child's future, primarily their education; and a reversal of the link between fertility behavior and poverty, one that enables "those with money, power and resources" to have more children "whereas poor and average income people struggle financially to raise just one child."

*(4) The expanded domain of the PRC's population project*

In the 2000s new analytic frameworks have been introduced (Greenhalgh 2010; Greenhalgh and Winckler 2005). In their monumental work tracing the evolution of the PRC's population project from the 1950s up to the early 2000s, Greenhalgh and Winckler (2005) argue that the population project has been a striking case of governmentalization, as described by Foucault, and involves three sets of dynamics: government intervention; "the disciplining of conduct by nonstate institutions," and; "the cultivation of individuals themselves of the capacity to regulate their own behavior," (Greenhalgh and Winckler 2005)." They argue that in recent years, the second and third dimensions have grown in importance, and, there has been a shift in emphasis: emphasis: "from limiting quantity to improving quality – not only of the population but also of the program itself" (Greenhalgh and Winckler 2005: 20), and from "birth planning" to "population." In her recent work focusing on "the immediate post-2000 period, and especially the years 2004 to 2009," Greenhalgh (2010) builds on the governmentality perspective focusing on "the role of population governance in China's global rise and the way 'techo-scientific logics' have shaped the way the PRC regime governs its people."

### **Section 3.2: Globalization**

In recent years, interest in “globalization” among anthropologists and other social scientists has grown significantly, giving rise to animated discussions of the concept, dynamics, and effects of globalization. Several topics have been explored including flows of: capital. (Ferguson 1999, 2005, 2006; Freeman 1993; Maurer 2000); commodities (Freidman 1994; Meyer 1998, Schein 1999, Scheper-Hughes 2011); media (Larkin 1997; Michaels 1994; Yang 1997) and people (Miller 1994; Ong 1999; Rouse 1991; Tobin 1992). Relatively recently, the relationship between globalization and reproductive practices has also been a focus (Bledsoe and Sow 2011; Browner and Sargent 2011; Chen 2011; Padilla 2011; Sargent 2011). This work builds on earlier work on the relationship between modernity and reproductive practice (Rapp 1995)

While economic, cultural, and political links among different areas of the globe have long existed, China’s links to many areas being a prime example, many believe that such links have significantly intensified in recent decades and that globalization “implies a fundamental reordering of time and space” (Inda and Rosaldo, 2002). This conceptual change is, as Inda and Rosaldo point out, best illustrated by the work of David Harvey (1989) and Anthony Giddens (1990, 1991).

According to Harvey (1989), globalization is characterized by ‘time-space compression’. That is, the rapid pace of technological and economic change in a post-Fordist System has led to a situation in which space has been overcome by time such that someone in Shanghai and someone in New York could potentially experience the same thing, say a business transaction, at the same time. For Giddens (1990) too, globalization has fundamentally altered the relationship between time and space. However, in contrast to Harvey, Giddens’s focus is on the elongation of

social life across time and space, a phenomenon he refers to as “time-space distancing.” That is, globalization results in a situation in which local events are increasingly shaped by things that happen far away. For example, the demand for inexpensive Chinese goods in the US plays a very important role in shaping the labor conditions under which such goods are produced in China.

Another focus has been the dynamics of globalization. A popular view is that globalization entails a radical “deterritorialization” of culture such that cultural subjects and objects have been dislodged from particular localities, thereby eroding the “isomorphism between culture and place” (Inda and Rosaldo 2002). However, as they point out, for anthropologists this is only the half of it for culture is then “reterritorialized”, that is, “reinscribed in new time-space contexts,” a process they capture in the concept of “de/territorialization,” thereby underscoring the simultaneity of these two processes.

While some see globalization resulting in homogeneity, that is, flows have been unidirectional – “from the West to the rest,” others hold the view that globalization will lead to greater heterogeneity or alternatively to a mixing of cultures, a “hybridization,” (Garcia Canclini 1989) “creolization,” (Hannerz 1987, 1997) “indigenization,” (Appadurai 1990, 1996) or “domestication” (Tobin 1992). Rostow (1960) argued for a growing convergence as the diffusion of Western, largely American, culture spread across the globe, something he viewed as a positive phenomenon. In the field of demography modernization theory has also long been a dominant paradigm (Riley and McCarthy 2003). Frank (1969) challenged this view, arguing that the relationship between the “core” and the “periphery” was central to the development process and that by engaging in international trade, countries that were already on the periphery would become even more impoverished that is, “dependent” on the core. Wallerstein (1974) argued that

not only was there an unequal relationship between countries on the periphery and the core, but that underdevelopment was a result of their integration into a “world system.”

Anthropologists have voiced strong opposition to the homogenization thesis on a number of grounds. For one, the homogenization thesis assumes that cultures on the periphery do not “talk back” (Hannerz, 1989), but rather passively accept Western culture and adopt a consumer orientation that anchors them to a system of commodity production and exchange. It also ignores flows within the periphery and the possibility that the direction of flows might be reversed, that is, from the periphery to the core. Finally, and perhaps most importantly, it fails to take into account the way in which foreign cultural influences are resisted or appropriated by various parties in accordance with local conditions. It is possible, indeed likely that there are “multiple, overlapping, and sometimes contradictory globalisms (Tsing 2000).” The key then is to study folk understandings of the global and the practices with which they are intertwined, rather than representing globalization as a transcultural historical process (Tsing 2000),

In addition to debates about whether or not globalization results in homogeneity or heterogeneity, another debate concerns the relationship between globalization and the nation-state. Some see globalization strengthening the nation-state (Albrow 1997; Garrett 1998; Gilpin 1987; Hirst and Thompson; Huber and Stephens 1999; Maurer 1997; O Riain 2000; Pierson 1994; Sassen 1996; Stopford and Strange 1991; Wade 1996), while others see it undermining the nation-state (Appadurai 1996; Evans 1997; Kobrin 1997; McMichael 1996; Sakamoto 1994; Strange 1996; Waters 1995).

### **Section 3.3: Governmentality**

In his 1978-1979 course on *Securite, Terretoire, Population* at the College de France,

Foucault introduced the concept of governmentality, “the art of government” or the “conduct of conduct”. Governmentality is concerned with how to govern and “how to be governed, by whom, to what extent, to what ends, and by what methods” (Foucault 2004: 89). The end of government is “to improve the condition of the population, to increase its wealth, its longevity and its health.” (Foucault 2004: 105). To this end, to govern entails the use of specific technologies or techniques, for example, technologies of the market to put abstract rationalities into effect and thereby produce “governable subjects.”

Since Foucault introduced the concept of governmentality, many scholars have explored the nature of governmental thinking in western liberal democracies” (Barry, Osborne and Rose 1996; Burchell, Gordon and Miller 1991; Dean and Hindess 1998; Larner and Walters 2004). Others have written monographs focusing on particular topics such as: education (Hunter 1994), law (Hunt and Wickham 1994), poverty and welfare (Dean 1991), and sexual politics (Minson 1993), to name but a few. The regulation of pregnancy (Weir 1996), community policing (Stenson 1993), and programs of self-esteem and empowerment (Cruikshank 1993, 1999) have also been topics of interest.

China scholars have also used concept of governmentality to study contemporary Chinese society and have published monographs on a variety of topics including policing and punishment in China (Dutton 1992), the *danwei* (单位) or socialist work unit (Bray 2005), the governance of China’s population (Greenhalgh and Winckler 2005), and prostitution (Jeffreys 2004). A special issue of *Economy and Society* devoted to Chinese governmentalities (Jeffreys and Sigley 2006) included articles on the blood economy in rural China (Anagnost 2006), building ‘community’ in urban China (Bray 2006), patriotic professionals (Hoffman 2006) and buyers of sex (Jeffreys 2006). In 2009, an edited volume on China’s governmentalities examined governing migrant

workers (Feng 2009), implementing education policy in a rural county in Yunnan (Harwood 2009), governmental rationalities of environmental city-building (Hoffman 2009), and other topics.

The discourse and practice of *suzhi* (素质) or “quality” has been of special interest to those studying China’s governmentalities. Though there is no singular definition of the term, it is generally understood to include both inborn traits as well as those that may be developed. It is broad in scope and often includes a variety of attributes such as: intelligence, physical and mental health, and special talents and skills. It also often includes ideological and behavioral characteristics such as: having a reverence for education, a willingness “to eat bitterness,” (吃苦 *chi ku*), good manners, and a high moral standard.

Though it is generally agreed that the contemporary usage of the term *suzhi* dates back to the 1980s, when the one-child policy was introduced, there is debate about the origins of *suzhi* discourse. Friedman (2003) sees continuities between Republican, Maoist, and post-Mao efforts to cultivate civility and civilization. Sigley (2009) sees continuities between Maoist and post-Mao efforts to plan the production of people and things. Anagnost (1997a, 1997b, 2004), Yan (2003), Greenhalgh and Winckler (2005), and others link the rise of *suzhi* discourse to the global expansion of neo-liberalism. While Greenhalgh and Winckler (2005) see increasing attention to *suzhi* as a largely positive phenomenon. Anagnost (1997a, 1997b, 2004) and Yan (2003) view *suzhi* as a decisively negative neoliberal rationality, one that exacerbates existing status differentials between advantaged and disadvantaged groups.

The concept of *suzhi* is also at the center of the “discourses on how to produce the ‘ideal’ citizen as well as what to do with the less-than-ideal citizen.” (Jacka 2009). Migrants, for example, are often seen as ‘less-than-ideal citizens’ that need to be “managed” lest they become

a source of instability. By employing a governmentality analytic, my ethnographic study can provide new insight into the dynamics and effects of globalization and contribute to understanding of new modes of governance in contemporary China.

## **CHAPTER FOUR**

### **POPULATION AND DEVELOPMENT**

#### **Section 4.1: Global Discourse on Population and Development**

The relationship between population and development has long been a subject of debate at both the global and national level. One way to understand debate on this topic, a path that is taken here, is to trace the evolution of global population discourse at United Nations Population Conferences. The consensus documents that have been produced as a result of these conferences are also important in helping to illustrate the continuities and discontinuities of global population discourse over time. Other United Nations Conferences on related topics have expanded on some of the themes articulated in the United Nations Population Conferences. Preparatory conferences held in advance of the actual conferences provide additional information. But, as the objective here is to help the reader better understand the contours of global population discourse, our focus will be on three UN Population Conferences: the 1974 Conference held in Bucharest; the 1984 Conference held in Mexico City; and, most importantly, the Cairo Conference held in 1994.<sup>20</sup>

#### **Bucharest**

At the Bucharest Conference in 1974, many developing countries challenged the intensity of US efforts to promote population control in developing countries while largely ignoring other broad-based initiatives to promote development such as raising the level of education of women.

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<sup>20</sup> Earlier population conferences took place in Belgrade in 1965 and Rome in 1954. These conferences were largely academic conferences and are thus, not discussed here.



As Sinding (2007) points out, developing countries did tend to view population as a symptom rather than a cause of underdevelopment. Accordingly, they believed energies should be directed at broad-based development. Reflecting this view, the most famous slogan to emerge from the conference was that articulated by a member of the Indian delegation who said “Development is the best contraceptive.” China stood with the developing countries in supporting this view, though by the time of the conference, its first national birth planning campaign, the “later, longer, fewer” or Wan-Xi-Shao (晚稀少) campaign was already underway. The World Population Plan of Action (WPPA), the consensus document that emerged from the conference, called for investment in both family planning and other development initiatives.

### **Mexico City**

By the time of the next United Nations Conference on Population and Development which was held in Mexico City in 1984, the domestic climate in the US had taken a conservative turn. This time, it was the US which questioned the relationship between investing in population and family planning and socioeconomic development and under the “Mexico City policy,” as it later became known, the US imposed a number of restrictions on assistance to family planning programs abroad. At the conference itself, the participants largely supported the World Population Plan of Action, expanding on certain elements. Thus, although, the US had switched sides from its position at Bucharest, there remained a good deal of continuity between the two conferences. And, as Riley and McCarthy (2003) point out, “much of the controversy that arose out of [the Bucharest and Mexico City] conferences can be described as clashes of traditional demographic theories. The conference debates that focused on the value of targeted family planning programs versus the need for fundamental economic development were not far removed

from debates between Malthusians or neo-Malthusian theories and Marxist or other development theories.”

## **Cairo**

By the time of the pre-conference consultations held in advance of the 1994 Cairo Conference and at the conference itself, the political climate had changed dramatically once again and this time what many have termed a “paradigm shift” took place. Women’s groups advocating a reproductive health and rights approach challenged and ultimately triumphed over the existing approach to population and development which was driven by the attainment of demographic targets. Additionally, as Sinding (2007), points out by the time of the Cairo Conference, the “global demography” had changed quite a bit since the Bucharest Conference. In the intervening years, rapid and massive fertility declines had occurred in much of the developing world including China; at the same time, fertility in the industrialized world had fallen well beyond the replacement level. With the exception of some parts of the world, notably sub-Saharan Africa, the “unmet need” for contraception had largely been met. Stimulating demand for contraception receded in importance, and attention turned to the supply-side and improving the quality of existing services. New frameworks were developed; two were particularly influential, the Quality of Care Framework developed by Bruce and colleagues at the Population Council (Bruce, 1990) and, the Rights of the Client developed by the International Planned Parenthood Federation (IPPF).<sup>21</sup>

The consensus document, the International Conference on Population and Development Program of Action (ICPD POA), had several notable features including: (1) the promotion of

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<sup>21</sup> Later, this inspired a list of the rights of the provider as well.

gender equality, gender equity and empowerment of women; (2) the promotion of reproductive rights and health as policy and program priorities; (3) the recognition of the rights of adolescents to all reproductive health and sexual health services; (4) the recognition of the growing importance of issues related to population distribution such as urbanization and internal migration; (5) the promotion of population information, education, and communication; and (6) the promotion of international cooperation and partnerships with non-governmental organizations (NGOs). As it turned out, these objectives were particularly relevant to the Chinese situation. Chinese leaders at the central level, including many who had participated in the preparatory consultations and the conference itself, recognized this and acted relatively quickly to localize and implement the International Conference on Population and Development Programme of Action (ICPD POA), initially by conducting pilot experiments in select rural counties and urban districts, and later by developing guidelines and legislation to institutionalize the new practices.

#### **Section 4.2: China's Population Policy and Program**

China's national population program which for most of its history has been largely a birth planning program got underway in the early 1970s.<sup>22</sup> Over time the program has evolved, and we may speak of several distinct stages, namely: (1) the “later, longer, fewer” (*wanxishao* 晚稀少) campaign introduced in the early 1970s; (2) the introduction of the one-child policy in the late

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<sup>22</sup> I speak here of the launch of the national program. Early campaigns in the late 1950s and early 1960s were limited in scope and focused largely on “birth control” (*jiezhi shengyu* 节制生育) rather than “birth planning” (*jihua shengyu* 计划生育) per se. Also, with a few exceptions, the focus of these campaigns was on urban areas, especially the large coastal cities. For details on the origins of China's birth planning policy see White 1994.

1970s; (3) the modification of the one-child policy in the mid-1980s; (4) the tightening up of the one-child policy in the late 1980s; (5) the beginnings of program reform in the mid-1990s, and (6) the introduction and expansion of the pilot project in the mid-1990s up to the present.

*(1) The “later, longer, fewer” (晚稀少) campaign introduced in the 1970s*

China launched its first national birth planning campaign in 1971 with the goal of promoting birth planning on a national scale. Initially attention focused on encouraging couples to limit the number of children that they planned to have. A publicity campaign was launched with the slogan “One child isn’t too few, two are just fine, and three are too much.” In 1973, the campaign intensified. In addition to having fewer children, couples were encouraged to delay marriage and space births, an effort that was promoted with the slogan “later, longer, fewer” (*wanxishao* 晚稀少). The lowest age for marriage was set at 25 for males and 23 for females; a two-child norm was advocated, and a birth interval of at least four years was promoted. By the end of the decade, the average number of children per woman had dropped from 6 to three, a remarkable decline.

*(2) The introduction of the one-child policy in the late 1970s*

After the death of Mao and the ascension to power of Deng Xiaoping, the new regime made economic development its first priority. Raising the GDP as well as per capita income was the goal. And to achieve the latter, population growth, particularly in the countryside where most of the population lived, needed in their view to be checked. It was in this context that the one-child policy was introduced in 1979. At the beginning, the goal was to limit the population by the year 2000 to 1.2 billion. Later, the goal was revised upward to “about 1.2 billion.” Both

targets were ambitious, and to attempt to achieve them required an intensive drive to limit the number of births that couples were to be allowed to have. While as time went on, the government sought to promote a one-child norm, at the start the government's intention was to limit all couples to just one birth. A few specially designated groups were exempt from the one-child rule, but they constituted a relatively small percentage of the population.

To encourage compliance with birth planning policy, those who complied were to receive preferential treatment in a variety of areas including housing, education, and health care. At the same time, those who failed to comply and had an out-of-plan birth-one that was in violation of the birth plan formulated by the state, might be fined or lose access to government services. In some areas punishment included the destruction of personal property and at times violent treatment. Providers in Deqing who had worked for the program since the beginning of the one-child policy spoke of the destruction of property and a reference was even made to a murder in connection with the implementation of birth planning policy.

In the event of an out-of-plan pregnancy, "remedial measures," that is, abortion was required. Most out-of-plan pregnancies were detected relatively early, but in some cases the pregnancy was advanced and these women too were required to have an abortion. At the same time, a large-scale sterilization drive targeting women who had already given birth was carried out. At the grassroots level, targets were set for each of these surgical procedures. Due to the intense pressure to meet these targets as well as a lack of facilities to carry them out at the local level, the program frequently resorted to periodic crash campaigns, usually lasting a few months, in which mobile medical units would be dispatched to the countryside to carry out a large number of procedures in a short period of time under less than ideal conditions. This was traumatic for clients and providers alike.

### *(3) The modification of the one child policy in the mid-1980s*

In the wake of a particularly intensive campaign in 1983, and faced with fierce resistance to the one child rule, the central government issued Document 7 in 1984, “to open a small hole, to close a large one.” Document 7 declared that rural couples were to be allowed to have a second child if their first was a girl. In doing so, the central government sought to lessen resistance to policy and make it easier to implement at the grassroots level. The document also stated that routine methods rather than crash campaigns should be used to implement policy. Despite the call for routine methods, local leaders continued to carry out crash campaigns from time to time in the years to come, though they became increasingly less common as time went on. Additionally, as Greenhalgh and Li (1995) point out by adapting policy and allowing a second child if the first was a girl, it reinforced the idea that girls were less valuable than boys.

### *(4) The tightening up of the one child policy in the late 1980s*

Several factors caused the climate to change once again in the late 1980s. As is often the case, it was largely a matter of numbers. Three in particular were especially important: the results of a newly released sample survey on fertility which confirmed what had long been expected in some quarters – that country-wide, under registration of births was a significant problem; that keeping the population within a limit of 1.2 billion by the year 2000 was simply not possible, and that the cohorts of women in the 20 - 29 year-old range, peak childbearing years, would soon increase significantly as would the expected number of births. To address these issues, the Standing Committee called for better implementation of existing policy. Strict rules on the number of births that couples would be allowed to have was to be followed to the letter; couples with out-of-plan births were to be penalized; and existing rules regarding

exceptions to the one-child policy were to be followed. The last generated back-room jostling at the highest levels between hardliners who wanted to strictly adhere to the rules and methods of implementation of the early 1980s and soft-liners who wanted to extend second child permits. Scharping (2003) gives a detailed description of the two sides and their machinations which ultimately led to a stalemate

*(5) The beginnings of program reform in the early 1990s*

In the early 1990s, the climate changed again. As before, numbers were key. The results of a 1992 program survey that showed that fertility had dropped to 1.4, a surprisingly low level, prompted Peng Peiyun, then head of the State Family Planning Commission, to declare in 1993 that fertility was “under control.” At the same time, it also raised concern that achieving this low level of fertility had required resorting to the strong arm tactics of the past, practices which had since been denounced by program officials working at the central level of the program. With fertility at a record low, and concerns that relations between local cadres charged with implementing policy and the targets of their efforts, married women of reproductive age, had grown tense once again, program reform became a topic of discussion among a small group of insiders who currently or had previously held senior positions in the State Family Planning Commission (SFPC) and related institutions. It was at this time that a member of this small circle, the former head of the Department of Planning and Statistics at the SFPC, suggested that a pilot project be carried out in a select group of experimental sites to test new approaches to implementing the program. In an interview, he cited several motivations for program reform and the initiation of the pilot project including: the need for developing a “new mechanism” (*jizhi* 机制) to carry out the program, one more attuned to the marketization of the economy and people’s

rising demands; the need to improve relations between local cadres charged with implementing the program and the local community; and a desire to “give back” to women who had made great sacrifices and endured great hardship to lower the fertility rate. He also said that the timing was right. Deng Xiaoping’s Southern Tour was a signal that reform was to continue, after a lull following the violent suppression of dissent in Tiananmen Square in June, 1989.

The proposal to conduct a pilot project was supported by Peng Peiyun, the head of the State Family Planning Commission (SFPC), and soon after she went further declaring that the program itself should undergo “two reorientations” (*liangge zhuanbian* 两个转变), first by extending its focus beyond the attainment of demographic objectives and second by adding new economic incentives to encourage compliance. This did not mean that the attainment of demographic objectives was no longer important, or that older methods to ensure compliance would no longer be used, but that new goals and methods were to be introduced to improve the program and extend its reach.

*(6) The introduction and expansion of the pilot project in the mid-1990s to the present*

The goal of the pilot project was to demonstrate that introducing new approaches to implement the program, approaches more in line with those detailed in the 1994 International Conference on Population and Development Programme of Action, was possible and preferable to the existing approach, and would not result in an increased number of births. To do so they looked to the quality of care framework developed by Bruce and colleagues at the Population Council adopting most of its essential elements in name if not entirely in content. They also added some elements of their own, elements unique to the Chinese context. With this holistic framework in mind, they sought to change practice in several areas. The new practices were to be



introduced gradually, while the old ones remained in place until the new practices were firmly established, a so-called “phase in, phase out” approach. The sites did not receive additional financial resources at the start, but the leaders of the project did expend a great deal of time and energy in selecting and guiding the sites, something which they have continued to do up to the present.

To start they selected sites where the chances for success were high. The initial sites were largely in relatively developed coastal areas as shown in the map below (fig. 9) and had programs that had performed well in terms of existing measures. This was in contrast to the more conventional strategy that the United Nations Population Fund (UNFPA) pursued in its 4th cycle which focused on 32 poor counties. In 1995, five counties and one urban district were selected as the first group of national pilot sites.<sup>23</sup> In 1997, six additional national pilot sites were added.<sup>24</sup> While news of the pilot project spread quickly and other areas adopted some of the practices that had been introduced in the initial pilot sites, scaling up the project both geographically and functionally was done only after the government had attained some measure of success in the initial pilot sites. In 2001, when additional national pilot sites were selected in Central and Western China, areas less developed than the initial sites, a new formula for implementing the project was selected, the ‘5 + 1 + X’ module. According to the formula, the new national sites

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<sup>23</sup> The first group of national-level pilots were: Nongan County, Changchun City, Jilin Province; Liaoyang County, Liaoyang City, Liaoning Province; Yandu County, Yancheng City, Jiangsu Province (Now, Yandu District, Yancheng City, Jiangsu Province); Luwan District, Shanghai Municipality; Deqing County, Huzhou City, Zhejiang Province; Jimo County, Qingdao City, Shandong Province (Now, Jimo City, Qingdao City, Shandong Province).

<sup>24</sup> The second group of national-level pilots were: Xuanwu District, Beijing Municipality; Heping District, Tianjin City (Now, Heping District, Tianjin Municipality); Xuanwu District, Nanjing City, Jiangsu Province; Zhuzhou City, Hunan Province; Liuyang City, Changsha City, Hunan Province.

were to implement 5 standard activities;<sup>25</sup> choose one additional activity;<sup>26</sup> and decide on other activities ('X') based on local needs and conditions. Though there was much overlap between the original activities promoted in the national pilot sites, some new activities were also added. Starting in its 5<sup>th</sup> cycle, the United Nations Population Fund (UNFPA) began to provide support for the national pilot counties.

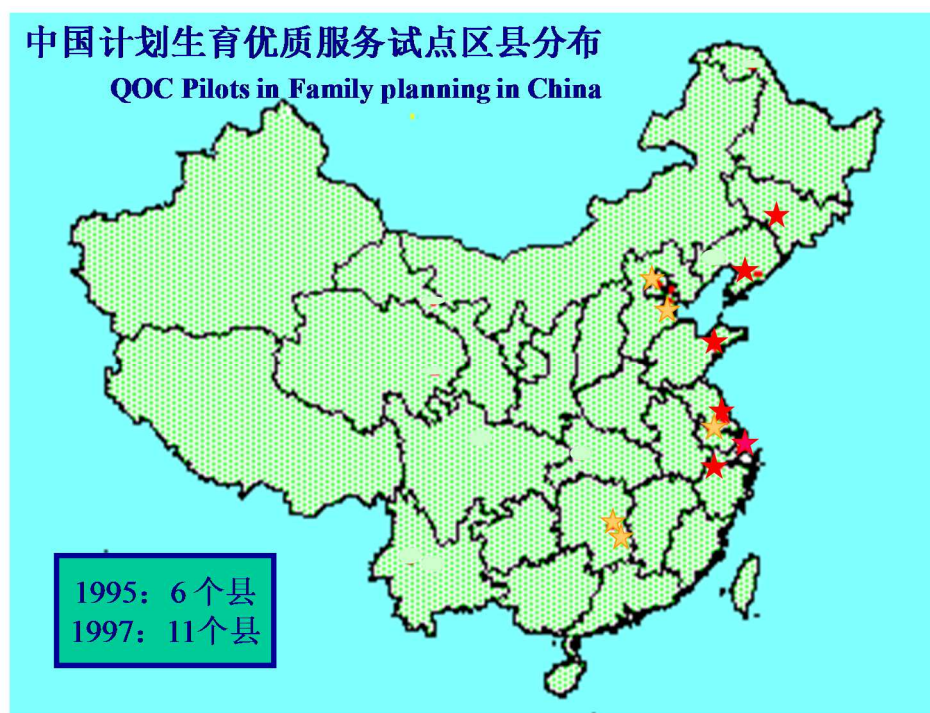


Fig. 9. Quality of Care (QOC) pilot sites. There were six counties (red stars) in 1995. Five more (yellow stars) were added in 1997. (Source: Xie, Beijing, 2009).

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<sup>25</sup> The five standard activities were: publicize quality of care; promote informed choice of contraception; standardize management of technical services; promote community-based reproductive health; provide reproductive health services.

<sup>26</sup> The additional activities were: improve provider training; improve the capacity of service institutions; promote male participation; provide services for the diagnosis and treatment of reproductive tract infections (RTIs); promote interventions to reduce birth defects; provide adolescent sex education; adopt measures to reduce the abortion rate.

## CHAPTER FIVE

### PROBLEMS

#### Section 5.1: China's Population Problems

Experts in China and abroad have over time come to believe that China now faces (or will soon face) a host of population problems, some old and some new.<sup>27</sup> The new problems are of two types, problems concerning “population structure” (*renkou jiegou* 人口结构) and problems concerning “population distribution” (*renkou fenbu* 人口分布). The structural problems relate to the age-sex structure of the population, namely the aging of the population, and the sex-ratio imbalance, which is particularly acute for the young, but is fast becoming a problem for men, mainly poor men with little “human capital”<sup>28</sup> as they reach the age of maturity and have difficulty finding marital partners, a trend that will likely accelerate in the future.<sup>29</sup>

The structural problems are related to the scale and speed of China's fertility decline which was caused by a combination of socioeconomic development and birth planning program effort.<sup>30</sup> As can be seen from the graph below (fig. 11): (1) the steepest declines in fertility took

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<sup>27</sup> These “population problems” are general trends. Important differences exist between different geographic areas, populations and so on. A variety of factors: local fertility policy, local program effort, the level of socioeconomic economic development and cultural differences all play a role. For a detailed analysis of the long-term implications of the demographic transition in China see Wang (2011).

<sup>28</sup> Gupta, Eberstein, and Sharygin (2010) project that the problem will be particularly acute in the years to come in poor provinces in the interior, regions that have relatively balanced sex ratios. Their model assumes “hypergamous partner preferences on the part of women,” that is women prefer to “marry up” when possible, and will migrate to wealthier areas to increase their chances of doing so.

<sup>29</sup> There is concern that this “marriage squeeze” could, along with other manifestations of growing inequality, threaten “social harmony and stability,” (*shehui hexie wending* 社会和谐稳定).

place in the 1970s when China advocated a relatively moderate population policy, emphasizing “deferred, spaced, and fewer births” and declared that “two [children] are just enough and three are too many.” (2) The total fertility rate or TFR has been below the replacement level since the early 1990s, a fact that was initially regarded with skepticism by some demographers, but that is now generally accepted to be true.<sup>31 32</sup>

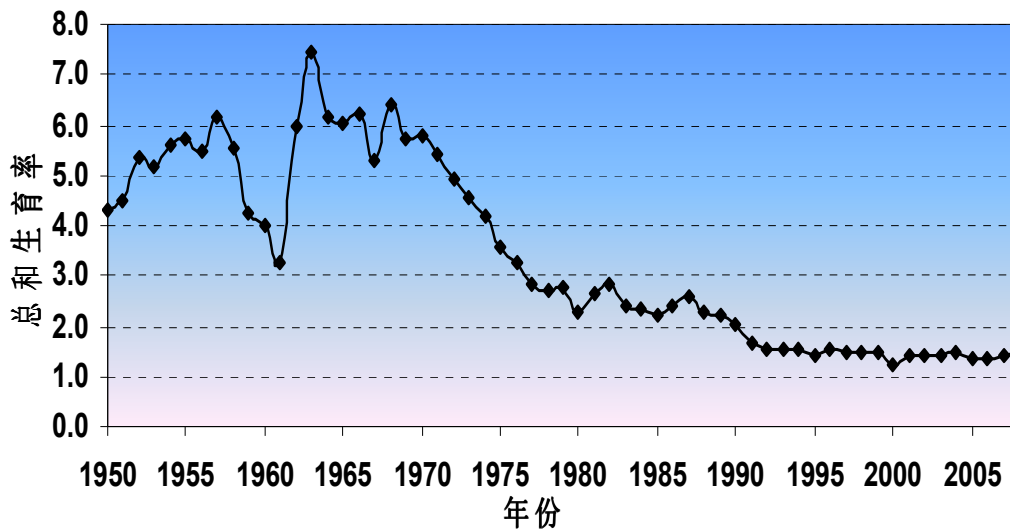


Fig.10. China Total Fertility Rate (TFR) 1950-2009. Plotted is the TFR versus the year. (Source: Gu 2009. Xin Shiqi. Yancheng, Jiangsu).

Right now, most agree the age structure of the population is “normal” overall. According to government statistics, in 2000, 90 million people were 65 and older, 7% of the total population

<sup>30</sup> Disentangling the contribution of each of these factors has grown increasingly difficult over time.

<sup>31</sup> Zhao and Chen (2011) conclude that based on results from the 2010 census and other evidence, the average TFR was lower than 1.60 for 1995-2000 and lower than 1.45 for the past ten years, considerably lower than the 1.8 reported by the Chinese government. For a more detailed analysis of the 2010 census see Cai 2013.

<sup>32</sup> For the sake of comparison, according to the Population Reference Bureau, as of Dec 15, 2011, the TFR for Germany, the lowest in Western Europe was 1.37; the TFR for Japan, one of the lowest in East Asia, was 1.34.

and as of 2008, 110 million were 65 years and older, 8.3% of the total population. But the situation will be very different in the years to come, as those 65 and older come to make up an increasingly larger percentage of the total population.

The scale and speed of China's fertility decline, the slow-down in population growth, and the relative increase in the population of working age have together allowed China to reap a "demographic dividend" in the short-term. The situation will be different in the years to come, however, as persons 65 and older come to make up an increasingly larger proportion of the total population, and persons of working age make up an increasingly smaller proportion of the population. Zhao and Chen (2011) project that in 2020, 12 percent of the total population or 163 million people will be 65 or older; 73 percent of the population or 966 million people will be of working age. In 2050 they project that 27 percent of the total population or 355 million people will be 65 and older; 60 percent or 742 million people will be of working age. The population pyramid shown below (fig. 11) gives a graphical representation of the age and sex structure of the population in 2000 (shaded part) compared to the projected age and sex structure of the population in 2050 (unshaded part).

Caring for the elderly will be a challenge for many families, which up until now, especially in the countryside, have provided most of the care. If this pattern continues, what is commonly referred to as the "four-two-one" problem, where one child is responsible for the care of two parents and two sets of grandparents will become more prevalent. Financially, it will be a challenge as most people do not have pensions or health insurance, and there are relatively few institutions to provide full- or even part-time care. Even if financial resources are available, emotional support for the elderly will be a concern especially if an only child moves to the city and his or her parents do not. Furthermore, as one woman who resided in the urban district put it,

relations between adult children and their parents have begun to change. She described her relationship with her own parents and that of her husband's as "polite" (*keqi* 客气) - the way one would treat a guest. She did not live with her husband's parents (or her own) and said that their contact was sporadic. Clearly, at least in her case, the social distance between the generations had grown. In the face of such challenges, the state is making efforts to catch up, converting

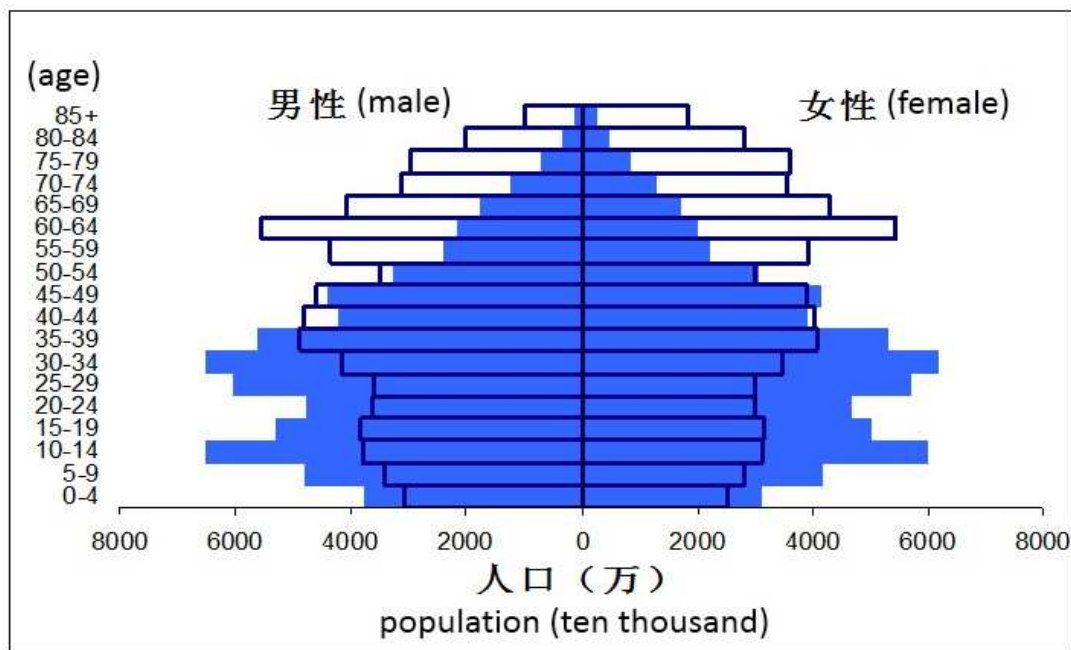


Fig.11. China Population Pyramid, 2000 (blue bars) and 2056 (white bars) (Source: *Xin Shiqi, Yancheng*, Gu 2009, Jiangsu).

schools to senior centers and devising ways to provide some measure of financial security to the elderly. In Deqing, such efforts are ongoing. And, in an effort to ensure that adult children visit their aging parents and meet their "spiritual needs," a new law "Protection of the Rights and Interests of Elderly People" was recently passed.

The situation with respect to the sex ratio imbalance is different. The sex ratio at birth has grown progressively worse since the introduction of the one child policy as can be seen in the graph below (fig. 12).<sup>33 34</sup> Several “proximate” (infanticide, abandonment<sup>35</sup>, informal adoption,<sup>36</sup> and sex-selective abortion<sup>37</sup>) and more distal factors, including the need for having a son to provide labor and financial support, and to fulfil ritual obligations, have been identified. In terms of the former, the focus has been on “cracking down on the two illegalities,” prohibiting the unauthorized use of technologies for identifying the sex of the fetus and banning sex-selective induced abortion which is not medically necessary. This is difficult to do given the widespread availability of such technologies. As for the latter, a variety of strategies have been put forth including promoting alternative forms of marriage,<sup>38</sup> introducing preferential policies (*youhui zhengce* 优惠政策) for rural families with girls as well as broad-based efforts to improve the status of women and girls.

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<sup>33</sup> Demographers in the West were the first to document distortions in the sex ratio at birth. Their colleagues in China, while clearly aware of the growing problem, were slower to discuss the issue publicly. Beginning in the mid-1990s, this began to change and in recent years discussion of both the problem and the urgency of addressing it has been quite open.

<sup>34</sup> At parities 2 and 3, the distortions increase progressively.

<sup>35</sup> For details, see Johnson et al. 1996, 1998.

<sup>36</sup> For details, see Zhang 2006.

<sup>37</sup> For details, see Chu 2001.

<sup>38</sup> Uxorilocal marriage in particular has been promoted by the program for details, see Zhang 2008.

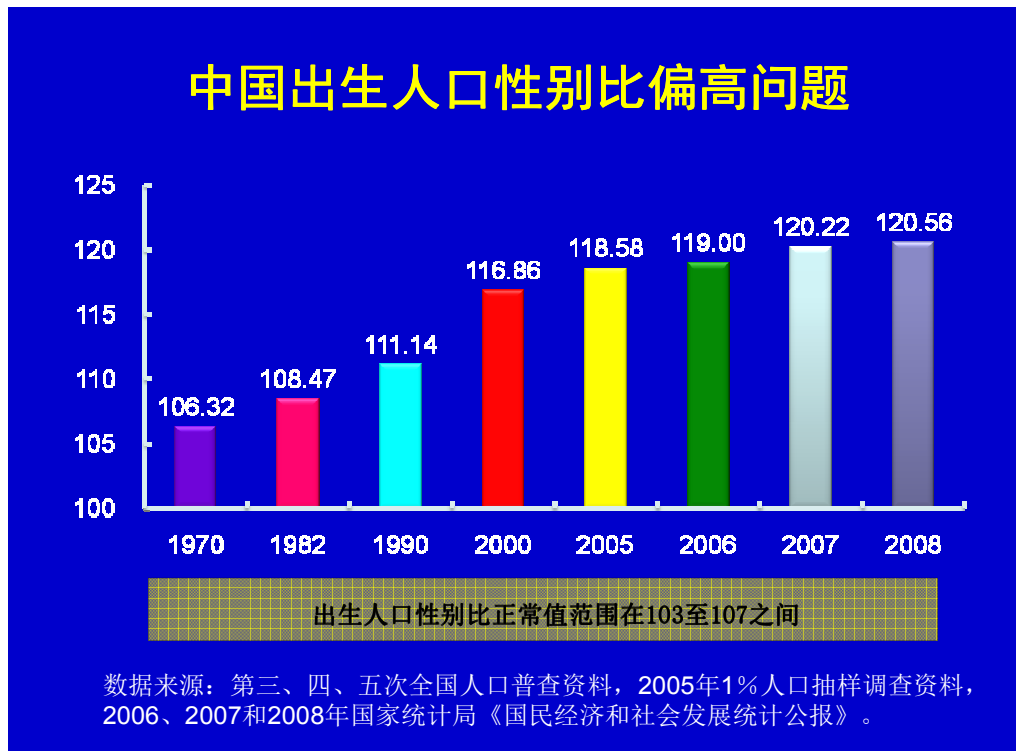


Fig.12. China Sex Ratio at Birth (SRB) 1970-2008. The horizontal axis plots the year and the vertical axis the ratio of male births to female births. (Source: *Quanguo guanai nuhai xingdong lingdao xiaozu bangongshi* 2009. *Guanai Nuhai Xingdong*. 2009 APCSRRH, Beijing).

Problems concerning “population distribution” are related to differences in regional development.<sup>39</sup> These differences have fed large-scale migration from the interior to more developed coastal areas.<sup>40</sup> Estimates of the migrant population, most of whom are presumed to be young, vary widely from 140 million to over 220 million.<sup>41</sup> <sup>42</sup> While their contribution to

<sup>39</sup> Here, my focus is on internal migration. Strategies to promote development in the interior are an alternative approach to addressing the “distribution problem.” Some of these strategies have engendered a great deal of criticism especially those that encourage Han populations to move to less developed provinces in the interior and those that forcibly move populations from rural to urbanizing areas. The movement of Han populations into Tibet and Xinjiang and the forced movement of Tibetans and Uighers out of their ancestral homelands has been especially controversial.

<sup>40</sup> Again, this refers to a general pattern.

<sup>41</sup> Exact numbers are hard to come by, in part because, of the “fluidity” of the population, but also, because the criteria used to define the migrant population varies from survey to survey.



China's economic growth is recognized, there is also deep concern about problems that have developed in the wake of large scale migration, including meeting the increased demand for services in the receiving areas, and attending to the welfare needs of those who have been "left behind" (*liushou* 留守) in the sending areas.<sup>43</sup> In recent years, attention has been directed at "managing the migrant population" and promoting their "social integration,"<sup>44</sup> strategies that place new demands on receiving areas.

"Controlling population quantity" remains a concern for some of China's leaders though when such concern is now voiced, the call is usually for "stabilizing the low fertility rate" (*wendingde di shengyu shuiping* 稳定的低生育水平) rather than "controlling fertility" (*wendingde di shengyu shuiping* 稳定的低生育水平) as was the case previously. In general the focus of attention has shifted to "improving population quality" (*tigao renkou suzhi* 提高人口素质)<sup>45 46 47</sup> and addressing the serious problems in population age and structure that have emerged

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<sup>42</sup> In general, migrants with local *hukou* (household registration) are considered "permanent migrants," whereas persons without local *hukou* are viewed as "temporary migrants" and commonly referred to as the "floating population" (*liudong renkou* 流动人口). Some of the so-called "temporary migrants" however, may in fact have lived at the place of destination for some time but have not, for various reasons, converted their household registration (*hukou*) status.

<sup>43</sup> For details, see Jacka 2012

<sup>44</sup> Household registration or *hukou* (户口) has long been viewed as a fundamental barrier to "social integration." Zhan (2011) challenges the conventional view. For him, other factors (social exclusion, market forces, cultural differences etc) are more significant. In Deqing, social exclusion and cultural differences do seem important.

<sup>45</sup> Persons and populations can be viewed in quality terms.

<sup>46</sup> While some aspects of "population quality" are immutable, such as place of birth, others can be "improved" through education and other means.

in recent years. Additionally, reports of rising birth defects have brought new vigor to efforts to improve maternal and child health care.

Tackling these population problems is high on the agenda of the central leadership as evidenced by documents that have been released in recent years by both the Central Committee and the State Council (CCSC), and the National Population and Family Planning Commission (NPFPC). Working to address these problems and devising new methods to do so has infused new life into the population program. At the local level, new strategies are being tried out in the pilot sites. If past experiences serve as a guide, those that are viewed a success will be scaled up.

## **Section 5.2: Problems in Program Implementation**

In addition to the “population problems” identified above, “problems in program implementation,”<sup>48 49 50 51</sup> which program leaders at both the central and local levels are increasingly forthright about, have been an important stimulus for program reform. Given the changes that have taken place in fertility culture in recent years, many of the old methods that the program relied upon to achieve its objectives are, for the most part, no longer required.

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<sup>47</sup> Attitudes and behaviors to childbearing and childrearing are considered important markers of quality.

<sup>48</sup> Some problems related to birth planning rules, others to the methods used to achieve compliance with these rules. There were also complaints that at times the rules were unevenly applied.

<sup>49</sup> The quality of family planning services was also an issue. For details, see Kaufman, Zhang, Qiao, and Chang, 1992.

<sup>50</sup> The quality of IUDs was also a problem. For details, see Kaufman 1993.

<sup>51</sup> For recent efforts to improve the safety and effectiveness of contraception in China, especially IUDs, see Pillsbury 2008.

Moreover, given the profound changes that have taken place in China in recent years, these methods are also to a large extent no longer viable.

Changes brought about by the growth of the market economy have profoundly changed the context in which the program is carried out. With fertility at an all-time low, the program is adapting to meet consumer demand.<sup>52</sup> This is especially true in a relatively prosperous place like Deqing. As a provider at the Deqing County Health Department remarked, “Because people’s standard of living has increased, their awareness of their own health needs has also increased.” A township provider said, “People’s way of thinking has changed (*sixiang gaibian* 思想改变). They pay a lot more attention to health (*hen zhuzhongde shenti* 很注重身体).” People’s demands have also changed – they expect medical personnel to be more responsive to their requests and to provide a broader array of services. A provider at the County Technical Service Station remarked, “Patient’s demands on medical personnel have changed a lot. Patients used to listen to doctors. Now, women want people to be there [when they have a consultation]. Doctors, nurses, family members - they want them all to be there.” A provider at the County Health Department said, “From the perspective of a doctor, nowadays patients’ demands are high and hard to manage.”

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<sup>52</sup> It can also try to shape consumer demand, a strategy that is clearly pursuing as it expands the scope of services and target clients.

## **CHAPTER SIX**

### **METHODOLOGY**

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#### **Section 6.1: Prelude to Fieldwork**

I first heard about the “experiments” that were being conducted in China to test a new approach to implementing the population program, an approach more in line with the Programme of Action of the 1994 International Conference on Population and Development (ICPD POA), in 1999, when I began a long-term consultancy at the Population Council which ended in 2001. At the time, the Population Council was providing technical assistance to the State Family Planning Commission (SFPC) as the National Population Family Planning Commission (NPFPC) was then known, in support of the Quality of Care Project. Although the project was a home-grown initiative, it had begun to receive international support from the Ford Foundation, the University of Michigan, and the International Council on the Management of Population Programmes (ICOMPP).

As a consultant, I worked with the Senior Associate responsible for coordinating international support for the Quality of Care Project, the first Chinese national to receive a United Nations Fund for Population Activities (UNFPA) fellowship to finance graduate studies in the US. After obtaining a PhD in Sociology and Demography from the University of Texas at Austin in 1986, he worked for the United Nations Fund for Population Activities (UNFPA) in Pyongyang for a year before returning to China. Prior to beginning work at the Population Council in 1999, he had served as Deputy Director of the China Population Information

Research Center (CPIRC),<sup>53</sup> the research arm of the State Family Planning Commission (SFPC) and had published a number of important articles in leading demographic journals.

We often worked side-by-side developing presentations to communicate to a US audience, largely those working in the population and development field, what was going on in China, with respect to the pilot project. And, in doing so, we tried as best as we could to explain such unwieldy concepts as the “two reorientations.” And for a Chinese audience, which at that time consisted mainly of the leaders of the first two groups of pilot counties and urban districts, we developed presentations to communicate key International Conference on Population and Development (ICPD) concepts and practices. We also arranged a three-week study tour for the leaders of the first eleven pilot counties. We selected US-based institutions active in the population and development field so that the leaders from the pilot counties could see first-hand how practices were carried out and meet face-to-face with key individuals.

Aside from helping to develop presentations and organizing a study tour, I also wrote or contributed to a number of reports and publications including: a conference report on the first International Symposium on Quality of Care in China (Population Council 2000) held in Beijing in late 1999 for which I served as rapporteur; a case study on the introduction of informed choice of contraceptives in Deqing in the late 1990s (Gu, Simmons and Szatkowski 2002) based largely on a rapid assessment of the first eleven pilot sites carried out by an international team composed of Chinese leaders working at the central-level of the population program, a US-based scholar working in the field of sexual and reproductive health, and a US-based clinician<sup>54</sup> and, reports to

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<sup>53</sup> The China Population Information Research Centre has since been renamed. It is now known as the China Population and Development Research Center (CPDRC).

<sup>54</sup> These evaluation reports were published in Chinese, for details see Zhang, Xie, and Gu 1999.

the Ford Foundation, the donor agency. I also helped edit a report on a high-level delegation of Chinese officials working at the central-level of the population program who travelled to India to exchange views and experiences with their counter parts

Through my work, I had the opportunity to meet people working at all levels of the population program, including then Minister-in-charge of the State Family Planning Commission (SFPC), Zhang Weiqing. I also met and had lively discussions with the leaders of the first eleven pilot sites when they came to the US on their study tour. Later, when I travelled to Beijing, to report on the first International Symposium on Quality of Care in China, I met many more people working at all levels of the population program, the central level, the provincial level, the prefectural level, and the county level. I also learned of some of the activities that were being carried out in the pilot sites to improve the quality of care.

In these early days of the pilot project, the excitement was palpable. News of the Quality-of-Care project spread like wildfire throughout China such that by 1998, more than 200 counties in 31 provinces were informally participating in the project as “second track counties.” By early 2000, the number of second-track counties, which were then being referred to as “the State Family Planning Commission (SFPC) pilot counties” and “provincial pilots” had increased to 800 (Kaufman, Zhang, and Xie, 2006). So rapid was the increase that it became difficult to know with much certainty what was going on in these places. Even in the 11 “national-level pilots,” details were often hard to come by. It was at about this time, that I decided that for my dissertation I wanted to do fieldwork in one of the national level pilot sites. Anthropological methods, it seemed, were ideally suited for exploring what was going on locally with respect to the pilot project. It also seemed that such a project would provide an excellent opportunity to explore how global discourses and practices on sexual and reproductive health and rights had

been taken on, interpreted and experienced by clients and providers working at the grassroots level of the program, something that was largely unknown.

I selected Deqing County in Zhejiang Province as my research site early on. I did so for several reasons: (1) As one of the first group of sites selected in 1995 for participation in the pilot project, I expected that the new approach that had been introduced would be more fully developed in Deqing than they would be in sites that had been selected later, and that that would make for a richer fieldwork experience. (2) Deqing is located in the Jiangnan region of China, the region with which I have the greatest degree of familiarity and, therefore, I reasoned I would be able to build on my existing base of knowledge. I have close family ties by marriage<sup>55</sup> in the region, and have visited the region many times since the mid-1980s. (3) While overall Deqing is a relatively developed rural county, there is considerable diversity within the county, which has, to a large extent, been shaped by its varied terrain, mountainous in the west and relatively flat and wet in the central and eastern parts. I reasoned that this diversity would facilitate comparison between different parts of the county which would once again make for a richer fieldwork experience than a pilot county that did not display such diversity. (4) With its robust economy, Deqing has attracted a large migrant population, a population that is, on average, relatively disadvantaged compared to the population with local household registration (*hukou* 户口). This then would be another source of diversity within the county, and comparison might be made

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<sup>55</sup>My husband came to the US in 1979 as one of the students in the first group of the CUSPEA program founded by T. D. Lee, University Professor of Physics at Columbia University, to train the ‘lost generation,’ those who came of age during the Cultural Revolution, and whose education was cut short to attend graduate school at Columbia, where he obtained a PhD in Physics. During the Cultural Revolution, he spent eight years as a ‘sent down’ (*xia xiang zhiqing* 下乡知青) youth living and farming in a rural area of Jiangsu Province.

between those who were native to the area and had local household registration (*hukou* 户口) and those who “came from outside” (*wailai renkou* 外来人口) and did not have local household registration. (5) Deqing has a “1.5 child policy,” that is, couples with rural household registration (*hukou* 户口), whose first child is a girl, are eligible to apply for approval for a second birth. Therefore, I reasoned whether or not such couples went on to have a second child might provide insight into gender preferences.

At the turn of the millennium, the State Council began to release a number of important documents outlining future directions for the program.<sup>56 57</sup> In 2001, China’s first Law on Population and Family Planning was passed by the National People’s Congress. In addition, the National Population and Family Planning Commission (NPFPC) released a number of documents to promote the development of quality of care in China.<sup>58 59</sup> But reports of what was going on at the grassroots-level were still sparse. A few fairly high-level delegations made trips to China to “investigate” what was going on with the program at large (All Party Parliamentary Group on Population and Reproductive Health 2002; Independent Assessment Team 2002; Interfaith Delegation to China 2003), but their trips were relatively short, and they provided only a cursory view of what was going on at the grassroots level.

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<sup>56</sup> For analysis of the 2000 State Council Decision on Strengthening Population and Family Planning and the 2001 Law on Population, see Winckler 2002.

<sup>57</sup> For analysis of the 2006 State Council Decision on Fully Enhancing the Population Program and Comprehensively Addressing Population Issues, see Greenhalgh 2010.

<sup>58</sup> The 2001 Technical Service Management Regulations and the 2003 Indicators for quality-advanced counties, were part of the process of institutionalization, see Kaufman, Zhang, and Xie (2006).

<sup>59</sup> For a contextualized understanding of these and many other developments relevant to the “PRC’s population project,” from the vantage point of China’s leaders in the post-2000 period, especially the years 2004-2009, see Greenhalgh 2010. For the period from the mid-1950s to the early 2000s, see Greenhalgh and Winckler 2005.



As I prepared for fieldwork, I thought more about the research design and what lay ahead. One of the challenges I faced was the unit of analysis - the county. Historically, the county is the lowest level of government. Following this pattern of governance, individual counties had been selected as pilot sites for the introduction of the new approach to the population program. To understand “local” governance then meant looking at the county-level. At the county-level the population program has administrative and clinical staff, with the former outnumbering the latter. The administration has several departments, for example, a department for propaganda and education, a department for migrant affairs, and so on. Surgical procedures such as abortions and sterilizations are carried out at the county-level. But, in recent years, with a choice of contraceptive methods, the number of sterilizations has dropped precipitously. Much of population program practice is community-based. Getting a handle on both the governance and implementation of population program practice meant that I had to look at the county-, the township-, and the administrative village-levels. To make things more manageable, I decided that I would look at two administrative villages in two townships. I would select these two townships once I got to the field and learned more about the county and the program. It was my intention to select two townships that were as different as possible so as to facilitate comparison.

Another challenge I faced was deciding whether to focus on a single element of the pilot project or the program as a whole. Initially, I thought I would focus on a single element, informed choice, but, had I done so I would have been in trouble. For one, in the Chinese context it would be difficult to access this kind of information. But, more importantly, without a change in policy, informed choice had more or less reached its limit. The practice of informed choice would continue to be refined over time, but these changes would be relatively small.

I ultimately decided to look at the program as a whole. This made a lot of sense for three important reasons: (1) Because the pilot project was intended to reform practice in several areas – it was to be holistic, new practices were to be introduced gradually while old practices were to be phased out. (2) To the best of my knowledge, I was the first to conduct ethnographic research on a pilot site, spending an extended time in the field. Since my study was a pioneering one, it made sense to examine the program as a whole. Later studies might add to mine and look at particular elements of the program, but, as the first, I felt it was important to take a comprehensive look. (3) As I soon found out when I got to the field, the scope of services and those targeted to receive services had expanded dramatically. Many of these initiatives were quite new. Several were even introduced during my time in the field. As such, they were not necessarily fully-developed, but they were a clear indicator of where the project and ultimately the program was headed.

Another challenge was my decision to speak with and observe both clients and providers. Prior to commencing field work, I had decided that I would conduct semi-structured interviews with twenty clients and twenty providers. Semi-structured interviews seemed a good way to collect the kind of information I was seeking – for clients' information about their reproductive behavior and experience with the program, and for providers' information about their education, training and so on, as well as their experience with the program. This format would facilitate comparison within and across the two groups. At the same time, it would be flexible enough to allow informants to elaborate on topics that they themselves viewed as particularly important. I decided on this number of interviews because it seemed doable in the time I would have in the field and would strike a good balance – it would be enough to come to some conclusions about both these groups, and would leave time to explore other dimensions of the program

It was a tall order to consider all these dimensions of the program at once. But, I felt that all were important and that were I to do less, I would not be able to come to conclusions about the project. This issue – the need to examine multiple levels more or less simultaneously is often a challenge for anthropologists interested in doing “global ethnography.” To get a sense of the whole one has to make choices all along the way about what to look at and what to put aside.

## **Section 6.2: Fieldwork**

At the beginning of my fieldwork, I sought first to familiarize myself with Wukang, the county seat, where I resided for most of the time during the course of my fieldwork. One important goal I had at this time was to identify venues where I might meet and converse with different groups of people. But first, I had to find my way around, something that was not too difficult as the town is relatively small, and it is easy to walk from one end to the other, which is precisely what I did. In my walks around town, I identified several institutions that in addition to the County Technical Service and Guidance Station were important sites for the delivery of reproductive and sexual health services such as the County Hospital and the County Hospital of Traditional Chinese Medicine. I also took note of private businesses such as pharmacies and sex (toy) shops that sold related medicines and devices. As regards the latter, the one that I later visited was not hidden away in some obscure location, but rather was on one of the main streets, on the same block as the Bank of China. Similarly, the venues where sex workers conducted their transactions were easy to identify. Many worked out of ‘barber shops.’ Sometimes a woman would stand in the doorway to solicit customers, but more commonly she could be seen from the street through a glass door often seated on a couch watching television. I was surprised at how open things were. Later, a Chinese friend told me that periodically there were “sweeps”

(*saohuangdafei* 扫黄打非) and these establishments would be forced to close. But, after a short time, they would reopen in new locations.

Visiting public institutions such as the County Hospital would require special permission. But there were many public places where I soon found I could meet and talk to different groups of people. The *Xinhua* Bookstore, the only bookstore in town, was a particularly good place to talk to adolescents and young adults enrolled in local schools who sat there reading for hours. They didn't seem to buy many books and there seemed to be little pressure for them to do so. The books that seemed to fly off the shelves were the test prep books that were purchased mainly by parents. With my laptop in the shop for repair, I visited several of the internet cafes (*wangba* 网吧). There was quite an array of options: some located in upscale cafes and some in seedy smoke filled spaces. The latter was a place where young single migrant men congregated. To meet seniors, especially women, I could join their nightly disco dancing sessions in the square. Parents with young children often visited a section of the main park in the evening where there were amusement park rides for young children and special treats were sold. Then, there were the tea shops (*chaguan* 茶馆) where, especially in the evening hours, one might meet a cross-section of the local population. Customers, often a half dozen or so, would sit at a circular table and sample different kinds of tea. The proprietor would usually sit in the middle preparing the tea<sup>60</sup>. Conversation was often lively and all those seated round the table would join in. It was in these tea shops that I came to realize how small the town was as I would meet someone new who was in some way connected to someone I had met in a different place.

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<sup>60</sup> Not all the tea shops had this configuration, but it seemed to be a popular one.

Additionally, I also taught English to children in after-school program (*buxiban* 补习班) in Wukang. This gave me insight into a certain segment of the population, children whose parents were busy shuttling them from one enrichment activity to another – English lessons, music lessons, drawing and painting classes and so on. As the head of the after-school program remarked “vacations” were particularly tough for these kids. During the school year they had some down time, but when the holidays rolled around they were “free” to take a full load. I primarily taught two groups of students, children 9-12 years of age and a group of teens. Determined to make things fun and interesting, I set aside the workbooks and engaged the students in other ways. With the 9-12 year-olds who were often quite restless I played a lot of word games. For their efforts, they were rewarded with a choice of small trinkets that I had picked up from a nearby store. They carefully pondered their choices and in the weeks and months that followed, they begged for more. and I returned to the small store across the way several times to replenish my supply. With the teens, I organized discussions around different themes: family life, school, interest and ambitions, values and opinions and so on. I got a lot of positive feedback about my teaching from the students, the other teachers, and the head of the school. I was the first native speaker to teach at the school and they were pleased that I engaged the students in new ways.

While identifying venues where I might meet and converse with different groups of people, I also sought to learn more about the local geography, economy, demography and history. To this end, one thing I did was visit the Deqing County Museum. There had been some archaeological digs in the county that had uncovered some important artifacts, especially pottery. Unfortunately, at the time, many of the most important artifacts were on loan to the Provincial Museum of History in Hangzhou. Later, I would visit this museum to see the artifacts many of

which were quite exquisite and served as evidence of Deqing's long history. In Hangzhou, I also visited the National Tea Museum learning more about this important commodity and the history of tea culture. I also participated in a contest that required that I identify several different kinds of tea. Much to my surprise, I successfully identified them all and for my effort I received a miniature copy of Lu Yu's *Classic of Tea*. Along with this historical information, I also began to collect and review texts that provided an overview of contemporary Deqing. Through these preliminary investigations, I gained a better sense of the county as a whole as well as information about particular parts of the county. In terms of the latter, I learned how historically as well as in the present some areas were more developed than others.

At this early stage of my research, I also sought to get a better sense of both the administrative and clinical operation of the population program at the county-level. The headquarters of the Deqing County Population and Family Planning Commission (DCPFPC) was located in a five-story building in the center of Wukang. The first two floors were the site of the Deqing County Family Planning and Technical Services Guidance Station, where county-level clinical and information services were delivered. The next two floors were the offices of the program's county-level managerial and administrative staff.<sup>61</sup> I had an office on the fifth floor, adjacent to the "population school" (*renkou xuexiao* 人口学校), a large conference room where training sessions (*peixun* 培训) for local providers were often held.

To begin, I mapped the County Technical Service and Guidance Station where clinical services were delivered at the county-level. In doing so, I got a better sense of the kind of

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<sup>61</sup> Towards the end of my time in Deqing, the program's managerial staff moved to a new building on the edge of town. Managerial and administrative personnel of all county-level governments were to be relocated to facilitate inter-departmental coordination.

services that were delivered at the county-level. I also familiarized myself with the administrative hierarchy as well as the departments into which the administration was divided. Since the research assistant that the program assigned to me worked in the Department of Propaganda and Education, it was this area of the program with which I would become most familiar. In particular, I gained access to three important sources of information about the program: (1) publications, some of which had been developed for providers to help guide their practice and others were developed to provide clients with specific information about different services offered by the program; (2) details about the development and implementation of specific activities (*huodong* 活动) to improve and consolidate clients' and providers' knowledge of different reproductive health related topics in a fun and lively atmosphere; and (3) information about the development and implementation of specific training sessions (*peixun* 培训) aimed largely at providers working at the township-level to convey information about some of the program's new initiatives. During my fieldwork I observed many of these activities and training sessions.

With some basic information about the county and its population program, I then began to consider which of the townships in the county I would choose to direct my attention. In doing so, my aim was to select townships that would facilitate comparison – that is, townships that differed in their topography, population, primary industries and level of socioeconomic development. These differences I reasoned might also shape reproductive norms and behavior. I was interested in looking at reproductive norms and behavior for three reasons: (1) because it would bolster my case that, were it not for the precipitous decline in fertility, the pilot project would not have been launched – that is, fertility decline was a prerequisite for reform; (2) because I was curious to see if the changes in fertility culture than Yan and Hong had

documented in northern and central China would hold for south eastern China, something I fully expected to be the case and yet need to be established ; and (3) because, though it was reported that on average fertility had declined to a very low level in the county, I thought that this average might conceal differences between the townships. In particular, I thought that married women of reproductive age (MWRA) in the less-developed township might be more likely to express a preference for sons, partly because they had a greater need for farm labor than the more industrialized township. Since nearly all the women whom I interviewed were eligible to apply for a second birth if their first child was a girl, whether or not these women actually proceeded to have a second-child would provide some insight into their gender preferences. As for the women's experience with the program, I thought comparison might be made not only on the basis of the township in which they lived, but also on the period of time in which they had given birth. I reasoned that women who gave birth in the period between 1988 and 1992, a time when the program was known to have "tightened up," might have had a different and less positive experience than women who gave birth after the launch of the pilot project in 1995.

With the above considerations in mind, in consultation with senior staff at the Deqing County Population and Family Planning Commission (DCPFPC), I selected three townships, one more than I had originally anticipated that I thought would provide a good contrast. The first was a township in the center of the county and north of the county seat. It was known as "the home of industry, the home of pianos" (*gonyezhixiang ganqingzhixiang* 工业之乡, 钢琴之乡). The second was a township in the western part of the county, a mountainous area where bamboo and tea production are the mainstay of the local economy. Not only was the population of the first township near double that of the second, the composition of the two populations was different. The first, the industrial township, had a significant migrant population, persons who had



migrated to the area in search of work in the piano and wood processing industries. On the other hand, the second, the mountainous township, had a significant population of persons who had left the township in search of work. Most went to Wukang to work though some travelled to Hangzhou or Suzhou in search of economic opportunities. For those who went to Wukang some returned to the township in the evening while others spent a longer period of time in Wukang. In any event, at least during the day, the mountainous township was populated largely by the very young and the very old. The latter were hardly retired in the conventional sense though. Many had chief responsibility for the care and upbringing of their grandchildren. Others remained engaged in farming or occupied with household duties. Two elderly women that I came across made a particular impression. The first was carrying a hefty load of bamboo. When I offered to carry the bundle for her, she smiled and graciously accepted. But, she added in all seriousness “Don’t tell my son that you carried my load. He wouldn’t like that.” We continued to chat and I asked her how old she was. She replied that she was “about 85,” indicating that she did not know her precise age. The second was a woman well into her nineties who was busily engaged in preparing the evening meal for her family. She said that household duties kept her very busy, something that she enjoyed and that made her feel useful. She added that she was very happy that the other members of the family would return home to share the evening meal. Finally, the third township was the one in which the county seat was located. It was the most urbanized of the three townships.

Having selected the three townships, I then selected one administrative village in the industrial township, one administrative village in the mountainous village, and one urban district in the urban township as my focus. It was in these three sites that I would interview married women of reproductive age (MWRA) to learn of their reproductive preferences and behavior and

their experience with the population program. I then, in consultation with the senior staff of the Deqing County Population and Family Planning Commission (DCPFPC), scheduled visits to the two villages and one urban district. While they were reluctant at first to permit me to stay overnight in the villages, saying that it would be “inconvenient” (*bufangbian* 不方便), they later relented. During my time in the two villages I resided in the home of the “women’s head” (*funu zhuren* 妇女主任), the person with primary responsibility for carrying out population activities in the village.

Table 4 below provides a profile of the clients I interviewed. As it turned out, I ended up interviewing 17 women, many of whom were older than I had originally intended. This was good in some sense because nearly all the women had completed childbearing, and, as result, the children that they already had were all that they would have. All seem to be pleased with the number and sex of the children that they had, and they did not hint that they wanted more children. Though nearly all of the women were eligible to have a second child, many did not have a second child even if their one and only child was a girl. The women cited several reasons why they did not want more children, most of which had to do with the “costs” of raising a child. The costs that they cited were largely of two types: one was the actual cost of raising a child, a child for which they had high expectations, and the other was the opportunity cost, having additional children would limit their opportunity to earn their own income and pursue their own interests. For the most part, they did not expect to depend on their children financially when they were old. They did, however, hope for emotional support from their children, and many thought that girls were more likely than boys to provide such support.

Table 4. Profile of the women interviewed

		Age	Education	Occupation	Children
Mountain village	#1	47	High school	<i>Nongjiale</i>	1 daughter, age 2 1 daughter, age 18
	#2	38	Middle school dropout	Work at home	1 daughter, age 5 1 daughter, age 8
	#3	45	Elementary school dropout	Beekeeper, Honey production	1 son, age 23
	#4	41	Middle school	Factory work and farming	1 daughter, age 16
	#5	38	Middle school dropout	Factory work and farming	1 son, age 14
	#6	45	Middle school	Factory work and farming	1 daughter, age 12 1 daughter, age 19
	#7	53	Middle school	Farming	1 daughter age 19 1 son, age 25
Piano village	#1	33	Middle school	Private business	1 son age 1 1 daughter, age 10
	#2	45	Elementary school	Factory worker	1 daughter, age 20
	#3	42	Middle school	Works in a veneer company	1 son, age 15 1 daughter, age 20
	#4	41	Elementary school	Works in a veneer company	1 son, age 15
	#5	34	Middle school	House painter	1 son, 8 months 1 son, age 8
	#6	32	High school	Private business	1 daughter, age 10
	#7	34	Middle school	Works in a health materials company	1 son, age 10
Urban district	#1	37	Middle school	Small business	1 son, age 9 1 daughter, age 14
	#2	35	Middle school	Small business	1 son, age 11 1 daughter, age 15
	#3	33	Some high school (didn't graduate)	Work at home	1 daughter, age 21

At the same time that I scheduled visits to the three townships, I also made plans to interview a broad spectrum of providers – clinicians and administrators, persons working at the county-level as well as those working at the township and village levels. While all the providers interviewed were quite willing to provide detailed information on their education, training, primary duties and responsibilities, and the challenges they currently faced in fulfilling their professional responsibilities, those who had been involved with birth planning work prior to the introduction of the pilot project in 1995 program varied in their willingness to discuss their early experiences. While some were quite open about the challenges that both the program and they personally faced doing birth planning work in these early days, others were more guarded. The degree of their willingness to discuss their early experiences seemed to vary from person to person and I was not able to discern any particular pattern. Indeed, for me, there were some surprises. Some, whom I expected to be the most guarded because of their current position or some other factor, were in fact quite candid.

Finally, in addition to field work in Deqing, I also visited Beijing for three weeks to collect additional materials and meet and converse with persons working at the central level of the program and related institutions including the China Population and Development Research Center (CPDRC) my host institution. I also met with scholars who frequently work as consultants to the population program and who collectively constitute an informal “think tank” for the program. While in Beijing, I also attended the Sixth Asia Pacific Conference on Sexual and Reproductive Health and Rights. It was primarily at this conference that I had the chance to engage in informal conversations with persons working in multilateral institutions, foundations, and international governmental organizations providing technical assistance to the Government

of China. Additionally, it was at the conference that I learned of some very innovative projects being carried out by “civil society organizations” (*gongmin shehui zhuzhi* 公民社会).<sup>62</sup>

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<sup>62</sup> Gu, Zheng, Liu and Liu (2007), identify five types of civil society organizations (CSOs) in China: (1) “semi-governmental organizations” with strong ties to the government such as the All China Women’s Federation; (2) loosely organized academic associations such as the China Population Association; (3) foundations organized to carry out specific activities such as the China Population Welfare Foundation; (4) voluntary research, consulting or service organizations such as the Yunnan Reproductive Health Research Association; and, (5) other non-profit organizations of limited size, scope, and influence.

## **CHAPTER SEVEN**

### **PROGRAM REFORM IN CHINA**

#### **Section 7.1: The Experimental Model**

The pilot project was initiated by a small group of insiders who were working or had previously worked in senior positions at the National Population and Family Planning Commission (NPFPC) and related institutions, including the former head of the Department of Planning and Statistics at the NPFPC, and others who held senior positions at the China Population and Development Resource Center (CPDRC), then known as the China Population Information Research Center (CPIRC). Some had obtained advanced degrees in demography and related fields in the US and the UK.

The process for initiating, implementing, and scaling up the pilot project has already been described. The aim of the project was to introduce a quality of care approach in the pilot sites, which, if successful, might be scaled up. In 1995, five counties and one urban district were selected as the first group of national pilot sites (see fig. 9). In 1997, six additional national pilot sites were added. The sites selected were ones where the chances of success were thought to be good. The initial sites were in relatively developed areas and had programs that had performed well in terms of existing measures.<sup>63</sup> It is for this reason that Deqing County was chosen to be one of the first group of pilot sites.

Different pilot sites developed some elements more than others, depending on their interests, and available resources. For example, Deqing paid special attention to informed choice

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<sup>63</sup> This was in contrast to the more conventional strategy that the United Nations Population Fund (UNFPA) pursued in its 4<sup>th</sup> cycle (see footnote 8)

of contraception. The Xuanwu District in Beijing paid special attention to improving coordination between the health department and the population program, and Nongan County in Jilin Province focused on developing information, education, and communication (IEC) materials.

## **Section 7.2: Working Mechanism**

The diagram shown in figure 13 below illustrates the “working mechanism” for the project, which was developed by the program to carry out program reform (Xie, Wang, and Feng 2007). In what follows, I critically review each of the elements in the “working mechanism.” I have changed the order to one which I think has a better “flow.” Activities designed to improve “interpersonal relations” between providers and clients are discussed throughout rather than separately. Activities to expand the scope of services and increase target population will be examined in the following chapter.

Unlike the experimental model which is uniquely Chinese, the “working mechanism” draws on Chinese and foreign elements. The left side shows the important role that policymakers play in initiating reform and promoting coordination between the “two systems,” the technical service system and the management and evaluation system. The former includes the service network, service professionals, and service techniques. The management and evaluation system includes the preparation, implementation and assessment of the work plan. Central to all these endeavors is the collection, processing, and analysis of information, tasks that have always been an important part of program administration.

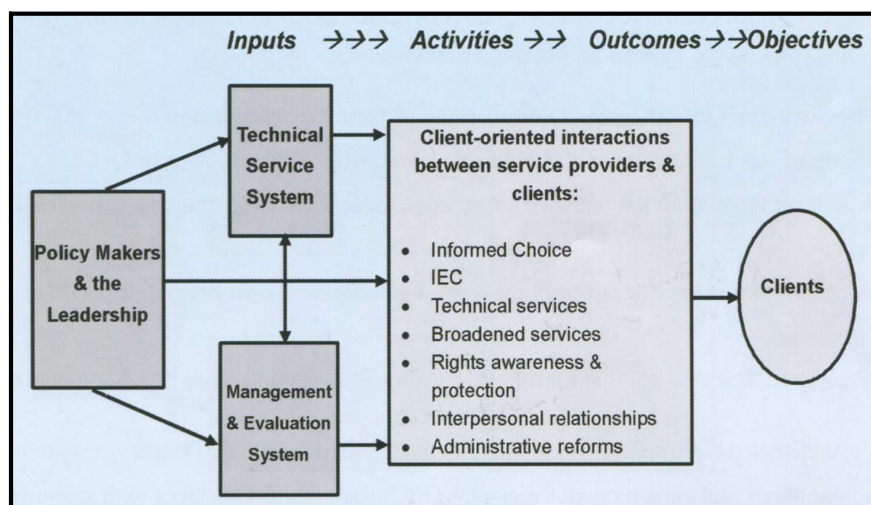


Fig.13. The “Working Mechanism” (Source: NPFPC).

Together, the two systems shape client-provider interactions that take place through a set of activities designed to promote informed choice, improve the dissemination of relevant knowledge and information, upgrade the quality of technical service, and so on. In name, if not entirely in content, most of these activities, are among those identified by Bruce and colleagues at the Population Council as constituting “The Fundamental Elements of the Quality of Care,” one of the most well-known frameworks in the field of SRHR (Bruce 1990). In addition to the six elements in the original framework, the Chinese framework includes two additional elements: administrative measures and rights awareness and protection. Administrative measures refer to the removal or scaling back of many of the rules that the program relied upon to achieve compliance in the past.

### Section 7.3: Technical Services

Improving the quality of “technical services” (*jishu fuwu* 技术服务) has, since the start of the pilot project, been a key dimension of the overall effort to improve the quality of care.



Focusing on client safety and health, upgrading facilities and purchasing new equipment, and “further improving the service network” (*fuwu wangluo jinyibu gaishan* 服务网络进一步改善) have all been important elements. While initially changes were made on an ad hoc basis, in recent years with new guidelines in place the focus has been on providing standardized services.

Prior to the introduction of the project, little consideration was given to pre-operative examinations or post-operative follow-up for surgical contraceptive procedures. A provider in Deqing remarked, “In 1995, when I came to work for the program, there were five women who had surgical complications. Now, for any surgical procedure, whether it takes place in the hospital or at the County Birth Planning Technical Service and Guidance Station, a careful physical check-up is a must. Since 1995, we have not had a single surgical complication. This is a huge change.”

Procedures for the insertion and removal of IUDs have changed. A county-level provider described the process for obtaining an IUD as follows: “If a woman wants an IUD, the doctor will first explain the pros and cons of IUDs. Then, the doctor will do a physical exam and the client will have some blood tests. If based on the results of the exam and the blood tests, the client is found to be suitable for an IUD, the client will sign a consent form and the IUD will be inserted.” As regards removal of an IUD, a client remarked, “Before you could not have the IUD removed whenever you wanted. You needed authorization from the county, township and village. Now, it is based on the individual. If a woman wants to have the IUD removed, it will be removed.”

To deliver a broader range of clinic-based services often required that existing facilities be redesigned or renovated as was the case with the Deqing County Technical Service and Guidance Station. In the renovated space (see figs. 14 and 15), there are different areas for

providers to conduct examinations and provide treatment, use specialized diagnostic technologies and perform surgery. There is a pharmacy where contraceptive medicines and devices are dispensed. Separate storage facilities exist for medical records and commodities. In another area clients can see sample devices and DVDs, view anatomical models, pick up brochures and pamphlets, and watch educational videos. The layout is designed to manage traffic flows and activity patterns, particularly in the operating room and adjacent areas, an important step in the prevention of healthcare-acquired infections. Clinics are organized by service provided or population served, and there is a separate counseling room where clients can meet privately with a provider to discuss their concerns.

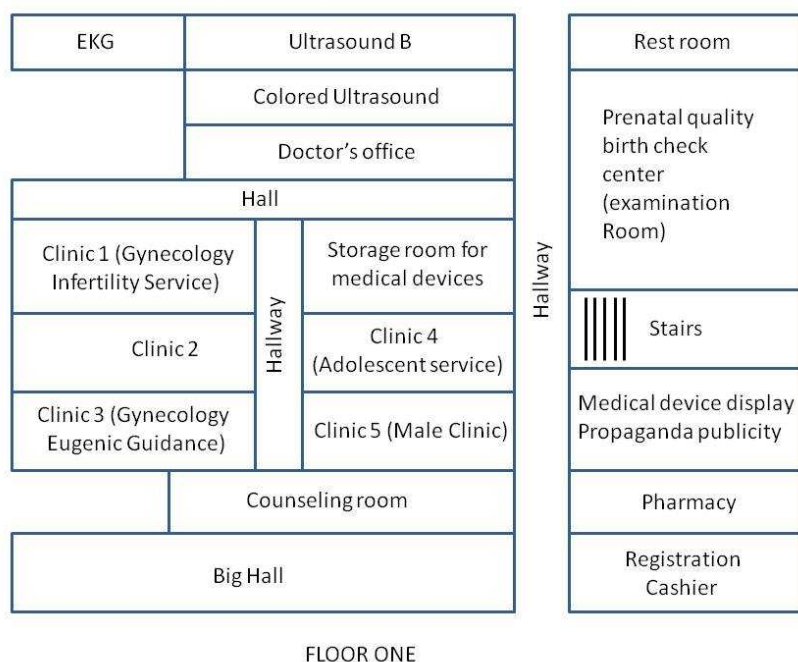


Fig. 14. Floor map of the County Technical Service and Guidance Station (floor one).

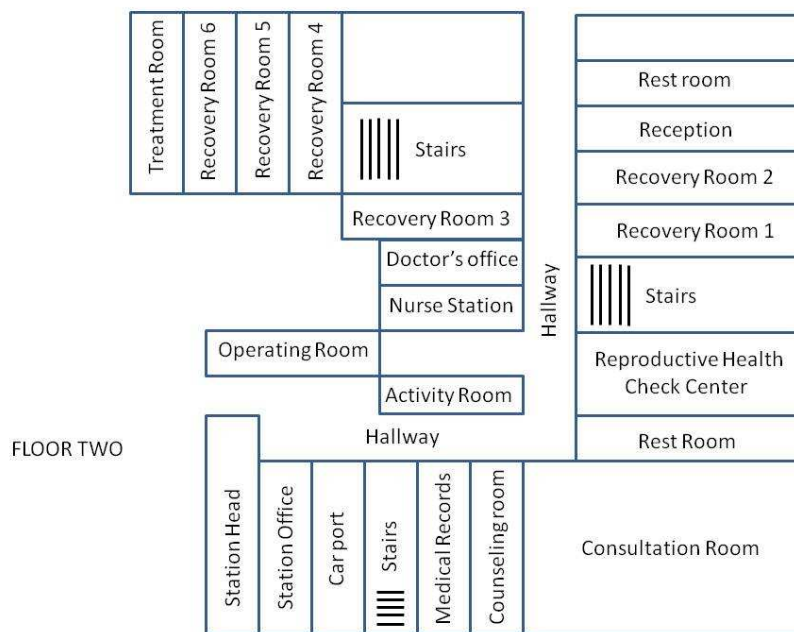


Fig.15. Floor map of the County Technical Service and Guidance Station (floor two)

While the population program has long had ties to other governmental agencies and organizations, most notably the Department of Health, efforts to “contain costs” while simultaneously expanding the scope of services and populations served, has provided an impetus for “further improving the service network.” In Deqing, the implementation of the “Healthy Baby Plan,” the details of which are provided in a latter chapter, is a particularly good example of collaboration between the Deqing County Population and Family Planning Program (DCPFPC) and the Deqing County Department of Health. While the DCPFPC is the lead agency for the implementation of the “Healthy Baby Plan,” some services are provided by the DCPFPC, some by the Deqing County Department of Health, and some by both the DCPFPC and the Deqing County Department of Health.

In addition to its collaboration with the Department of Health, the population program in Deqing works with a number of other departments and organizations such as the departments of

education, labor, and public security, as well as organizations such as the youth party organization (*tuanwei* 团委) and the women's association (*fulian* 妇联). To “manage the migrant population,” for example, the program works with the Department of Public Security (*gonganju* 公安局), the authority with which migrants are expected to register after their arrival. Periodically, the Department of Public Security shares information about the new residents with the population program. A provider in Deqing described how they make contact with the new residents, “We get a list of migrants from the public security office, and then we go visit them in their homes, usually after they get off work. We give them contraceptives and some pamphlets and brochures on a variety of reproductive health related topics.”

The population program has also developed channels for the delivery of new reproductive health services and commodities, some of which are fee-based. In Deqing, the program introduced the “Reproductive Health Check.” (Box 1). Every year in the months of March-June and September-November county-level providers go to the countryside to conduct checks, a service popular with older women who previously received little attention from the program once they completed childbearing.

A social marketing network (*shehui yingxiao wangluo* 社会营销网络) for the promotion of condom sales was also developed. While previously, there were only a few stores that sold a very limited selection of condoms, there are now over 100 stores that sell more than 50 brands of condoms, all kinds of contraceptive medicines and devices, early pregnancy tests, emergency contraception and so on. A provider remarked, “These stores have become popular for their selection, convenience and privacy.”

### Box 1. Notice about the reproductive health check-up

#### Notice about the reproductive health check-up

In order to increase people's living quality, improve childbearing women's self-health awareness, prevent vaginal infection, reduce all kinds of women's disease (*funuzhibing* 妇女之病), the County Birth Planning Technical Service and Guidance Station has invited gynecological experts to come to our township to conduct reproductive health check-ups. You are very welcome to participate. The items for check-up are the following:

1. Vaginal b-ultrasound;
2. Gynecological check-up (including vaginal discharge test, pap smear);
3. Breast check

Fees: 45 yuan per person

Note: With the Population and Birth Planning Commission member card or with the single-child parent's honorary card, there is a 5 yuan discount.

### Section 7.4: Information Education and Communication

Propaganda and education (*xuanchuan jiaoyu* 宣传教育) (which the program now routinely translates as “IEC”)<sup>64</sup> has always occupied a central role in the program. In the past, the emphasis was on the rules and regulations governing childbearing and promoting late marriage, late childbearing, and the one-child family. The importance of birth planning for the nation's future, especially its economic development was the chief rationale for its promotion. Since the introduction of the pilot project, the content of propaganda and education (*xuanchuan jiaoyu* 宣传教育) has broadened. It now includes information on a wide variety of topics including reproductive health. More attention is also paid to “health attitudes” and “unhealthy ways of living.” As one provider remarked, “The concept of reproductive health is new to people

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<sup>64</sup> IEC is an acronym for information education, and communication. It refers to an approach popular in the health field that aims to change or reinforce a set of behaviors in a particular audience regarding a specific problem in a predetermined period of time.

and many reproductive health problems are not biological problems, but caused by unhealthy ways of living. Results from the knowledge, attitudes, and practices (KAP) survey suggest that reproductive health problems are related to health attitudes --- people are not aware of self-care -- to bathe, the majority of women in the mountainous part of Deqing sit in a clay basin (*tuzao pengyue* 图澡盆浴), and several people use the same basin without changing the water. The order of bathing is men first, then children and finally women, this has been the tradition for a thousand years.”

The target audience has also broadened. The program in Deqing provides reproductive health information to six groups: 1) couples planning to marry (*hunqian* 婚前); 2) newly married couples (*xinhun* 新婚); 3) couples expecting a child (*huaiyun* 怀孕); 4) couples who have just had a child (*chushenghou* 出生后); 5) adolescents (*qingqunqi* 青春期), and 6) menopausal women (*juejingqi* 绝经期). While married women of childbearing age remain the program’s core demographic, men are also targeted both as women’s partners and as a group with their own reproductive health care needs. Also, although the focus remains on married couples, information is provided to adolescents, which the program defines as those between the ages of 10 and 24. Those at the upper end of the spectrum, especially those who are out of school and sexually active are a particular focus.

Menopausal women, a group that previously received little attention from the program, now receive counseling. One provider remarked, “Women forty-two to forty nine receive counseling about menopause. And for those over forty-nine, who have an IUD, we tell them that, after menopause, they should have it removed because leaving it in place will have a negative

effect on their health. In the past, IUDs were often left in place long after they were needed or desired.”

Communication channels have also expanded. In the past, publicity walls in public spaces were common, as were group activities organized by “mass organizations” such as the All-China Women’s Federation (*fulian* 妇联). Routine activities were preferred, but periods of intense activity, birth planning “campaigns” (*yundong* 运动) were also carried out.<sup>65</sup> Publicity walls and group activities remain important means of information dissemination. However, many new forms (hotlines, websites, DVDs. etc.) have also been introduced. Efforts have also been made to make the traditional forms more appealing by using accessible language and including illustrations (cartoons are a favorite),<sup>66</sup> proven strategies in the field of market research. Activities that combine social messages with entertainment are encouraged. And, in a culture where examinations have long been important, contests for both clients and providers, often with prizes or plaques for the winners, are popular. Though these contests have a playful aspect, preparation is expected and often requires memorizing numerous facts.

Figures 16 - 19 are photographs of a contest for junior-level providers from each of the counties in Huzhou prefecture that I had the opportunity to observe. Organized in teams by county, the teams competed against each other answering questions relevant to the program. The questions covered a wide range of topics including policy, program rules, child development, contraceptive methods, sexually transmitted infections, and so forth. The contest followed a

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<sup>65</sup> For a vivid account of a birth planning campaign see Huang 1989.

<sup>66</sup> The pilot counties use materials issued by different levels of the program, the county, the prefecture, the province, and the central-level. Most are issued by the county, some by the prefecture and province, and a few by the central-level. They also use some UNFPA materials and materials from international NGOs that have carried out projects in China

game show format and the contestants performed before a crowd of several hundred people, composed largely of their colleagues as well as some county, prefectural, and provincial leaders. The atmosphere was festive, and the contest was televised on a local channel. Though festive it was quite competitive, and the contestants had undertaken serious preparation. As one of the members of the Deqing team was my research assistant, I saw first-hand how diligently she had prepared for the contest.



Fig.16. The Deqing Team is in a tight race.



Fig. 17. A light-hearted moment in the competition.





Fig.18. Congratulations from the higher-ups in attendance.



Fig.19. The Deqing team exits the stage with their plaque.



Fig. 20. Slogan “Fewer births, quality births, prosperous life” painted on a building in the old part of Wukangzhen.



Fig.21. Billboard “Promote all aspects of human development. Build China, build a harmonious society, and beautify the homeland”.

The painted slogan on a wall in the old part of Wukang (fig.20) is a good example of one of the ways that messages regarding birth planning (and other areas of governmental concern) were conveyed to the general public in the past. Many slogans of this sort can still be seen in China, especially in the countryside. The slogan itself, which reads “Fewer births, quality births, prosperous life” is still relevant and evoked from time to time by the population program. It is moreover a message that is embraced by many of the women whom I interviewed.

The wall poster shown in fig. 21, which is of recent vintage, hung across from the Deqing County Population and Family Planning Technical Service Guidance Station close to the center of Wukang. The wall poster reads “Promote all aspects of human development, Build China and the homeland.” Neither birth planning nor reproductive health is even mentioned rather the call to promote human development and build China reflects the growing concern with population quality. Note the single daughter and grandparents who are literally watched over and cared for

by the young stylishly dressed couple. The dream home or “villa” as they are commonly referred to is encased in a bubble in the upper left hand corner.

This concept of “Fewer births, quality births, and prosperous life” has resonated with the local population. Several of those whom I interviewed, drew a contrast between the past and the present as they related stories about their own family. One woman said, “I grew up poor. My parents had four children, four girls. I am the middle child. I have two older sisters and one younger sister. Our clothes were passed down from one sister to another and they were all patched. The four girls slept in two beds. It was very crowded. At mealtime, the four of us shared one bowl of rice.” She continued, “The four of us each have only one or two children. My oldest sister has one son who will graduate from college next year. The second eldest has two children, two boys born in 1986 and 1988. She married uxorilocally (*zao nuxu* 招女婿 ) so she was eligible to have two children. I have one son as does my younger sister. “

They also talked about how expectations had changed. A village-level provider said, “My oldest sister had five years of education. The second eldest graduated from middle school as did I. My younger sister graduated from high school. Now, we all encourage our own children to go to college. My eldest sister’s child is already in college.” A county-level provider remarked, “My grandparents were illiterate. My grandmother had five children. She was a housewife and died at age 36. My mother had two children and was trained as a teacher and my sister and I are both college-educated. My daughter will definitely go to college.”

One woman spoke of industrial development and the economic security it provided, “(Before), there was little industry and what little industry there was, was collectively owned. There was no private business. Now, there is a quarry, two factories that manufacture pianos and

four factories that process wood. Eighty percent of adult men and women work in these factories on a full-time basis. It is more stable than agriculture.”

People were proud of their newly-attained prosperity. One woman described the house she grew up in and the one in which she now lived, “The house I grew up in was made of earth and when there was a big rain outside, there was a little rain inside. It was built in 1930 and as you can see, it still stands next to our new house. We built the new (brick) house in 1982. Then, in 2005, we added a second floor. It is quite spacious.” Another woman spoke of dietary changes, “Before, we used to eat the same thing for lunch and dinner to economize. Now, for dinner we eat something different.”

A provider working at the township-level of the program pointed out that not only had people’s material circumstances improved, but their attitudes and behavior had changed as well. “Since the economy took off and peoples’ incomes began to rise, their thinking has changed (*sixiang gaibian* 思想改变). Now they pay a lot of attention to the body (*hen zhuzhongde shenti* 很注重身体). For example, they change their clothes every day, buy nutritious food, and pay attention to exercise.” She continued citing an example of how etiquette had changed as well, “When people eat seeds and fruit, they no longer spit out the shells and pits.” Attitudes towards childbearing changed as well. A provider remarked, “Even though the economy is better, the burden of raising children is still heavy (*fudan hen zhong* 负担很重). Therefore, the majority of people do not want a second child. One is enough. The only ones that want more are super rich people or backward thinking ones.” In sum, a county-level provider told of how the quality of the population had improved and suggested that the improvement was due in part to the program’s efforts, “I’m proud of our county’s birth planning work. In a few generations there has been a big

change. The quantity of births has been reduced and people's quality has improved."

### **Section 7.5: Informed choice of contraceptives**

"Informed choice" (*zhiquing xuanze* 知情选择) was first introduced in the pilot sites, with Deqing leading the way, and later included in the 2001 Population and Family Planning Law. It is restricted in scope when compared to the general understanding of the term. In China, informed choice is primarily informed choice of contraception. There is flexibility regarding the timing of the first birth, but in places such as Deqing, where a second birth is permitted under certain circumstances, couples who are eligible to apply for permission for a second birth must first get approval from the necessary authorities for the birth to be considered an in-plan birth. This rule is enforced in Deqing. Choice as regards the number of children is limited, and depends on local fertility policy. For those with local rural household registration (*hukou* 户口) in Deqing, the majority of the population, a second child is permitted if the first is a girl.

Still, regardless of the restricted scope of informed choice, the changes that have been made are an explicit departure from previous parity-based prescriptions for method use and mean a great deal to women in Deqing who speak of their right to make an "informed choice." One woman remarked "Birth planning work is being carried out well now, the woman's head takes care of her sisters. Before the rule was 'IUD after the first birth, sterilization after the second.' Now, there is informed choice. Women themselves can decide which contraceptive method to use." Another woman added with a tone of resignation that she had been sterilized "because that was the rule [at the time]. Things are different now, women can make an informed choice"

Some government officials were quite open about past practice in the program. A county

official, who began birth planning work as the women's head of a commune (*renmingongshe* 人民公社) in Deqing shortly after graduation from college in 1973, and later became a village head, and then township head said "When the national birth planning program began in the 1970s married couples could have two children. Later, the one-child policy was put into practice. The county set birth targets for the townships. These targets set the number of births that would be permissible in a given year that is, the number of births that would be considered planned births. Births in excess of the target number of births would be considered out-of-plan births. In the event of an out of plan pregnancy, program workers often along with village officials would force the woman to abort the pregnancy. If the woman was still unwilling they would adopt forceful measures. After Deqing County was selected as a pilot county, the birth target was abolished and forceful measures [to implement the program] were prohibited. Only propaganda and publicity could be used."

At first, township officials were deeply concerned that the birth rate would rebound if women had a contraceptive choice. As it turned out, the birth rate did not rebound. Now, township officials are less concerned about a rebound in the birth rate and feel more confident about the implementation of informed choice. They also said that after the introduction of informed choice, though their workload increased, client-provider relationships were much better than before when resistance to the implementation of the one-child policy was often fierce.

The program adopted a two-pronged approach to promote informed choice. To improve client's capacity to make informed choices the program has developed a range of materials that aim not only to increase their level of knowledge about a variety of contraceptive methods, but also to raise their awareness of their right to make an informed choice. To improve provider's

ability to facilitate choice and help clients implement their contraceptive choice, providers have received training to upgrade and maintain their skills, both their technical skills as well as their communication and counseling skills. A counseling model was also introduced.

The counseling model (fig.22) that the program has adopted draws on a well-known counseling framework in the field of sexual and reproductive health and rights (SRHR), the GATHER Framework, where each letter in the word GATHER stands for one of the six sequential elements of the counseling framework, namely, greet, ask, tell, help, explain, and return. Compared to the original framework, the model that the Chinese program has adopted (which is shown below), displays some important differences. First, there is the expectation that the client will choose a method, usually immediately after counseling with the provider. Second, women are expected to make a “suitable” (*yishiyong* 宜使用) choice, one that while not as narrowly defined as before, may still constrain women’s contraceptive choices.

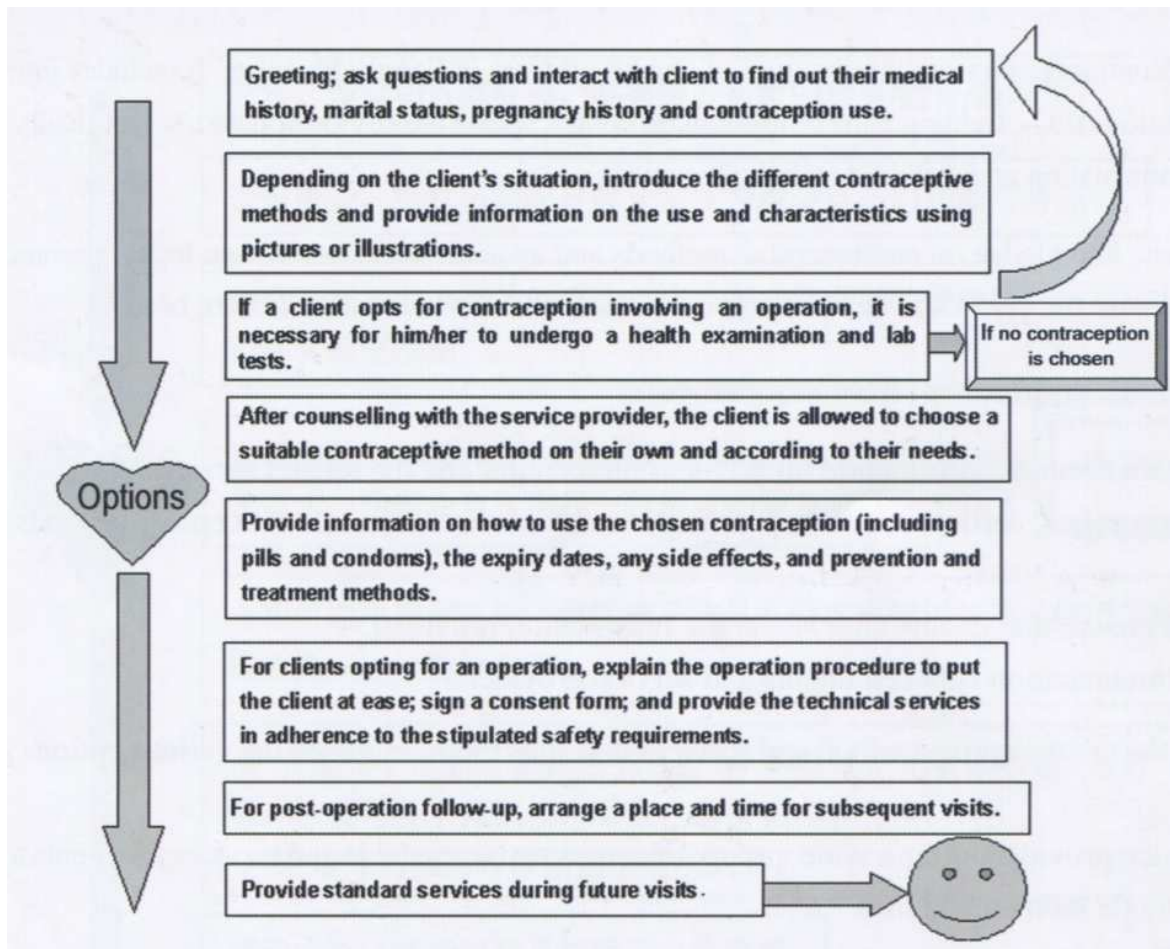


Fig.22. Counseling Model. Source: NPFPC

In general, it appears that women in Deqing are well-informed about method choices. As one woman remarked, “We know there are many contraceptive methods - short-term methods such as injectibles, pills, and condoms, long-term methods such as implants and IUDs and permanent methods such as tubal ligation” The woman’s head has also become an important source of information about contraception and other aspects of reproductive health. As one woman remarked, “[Previously], we learned about contraception from our mother, elder sister or some friends. [Now] we learn about contraception mainly from the woman’s head (*funuzhuren*).” There do appear, however, to be some generational differences in terms of both sources of information and contraceptive decisionmaking. Younger women seem more likely to obtain



knowledge from a variety of sources. They also seem more likely to make a contraceptive choice on their own. A provider remarked, “Most young people decide themselves [what kind of contraception to use]. Older women usually make a contraceptive choice after consulting with a provider.”

Another provider discussed generational differences in fertility desires, and the way in which these differences played out in a particular case, “Nowadays, young people don’t want a second child even if they are eligible to have one. But some elders such as a mother or a grandmother want the couple to have a second child. I have a story about a young couple. Both the husband and the wife were only children, and therefore eligible to have a second child, but were not inclined to do so. Now, the woman’s mother and grandmother are friends of mine, and both wished to have two grandchildren. When the couple were en route to the County Technical Service and Guidance Station for a consultation, they both called me and asked the clinical staff to do a little favor and work on them (*zuo xiao fuqi gongzuo* 做小夫妻工作) and hopefully they would promise to have a second child. But, the young couple resisted. Finally, the elders gave up, and said that if they really didn’t want to have a second child. there was not much that they could do about it”.

Statistics on method choice and method mix provide additional evidence on the way things have changed. In 2009, method choice<sup>67</sup> in the two townships that were the focus of this study was as follows: female sterilization 25%; IUD 48%; condoms 25%; injectibles, pills, implants together about 2%. The differences between the two townships were relatively small -

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<sup>67</sup> Some of these method choices had not as yet been carried out.

Female sterilization was higher in the mountain township; IUD was higher in the industrial township. .

In 1995, when the pilot project was just getting started in Deqing, the method mix was as follows: female sterilization 42%; IUD 47%; Condoms 5%; other methods 6%. The method mix in 1995 was quite different from method choice in 2009. Since the introduction of informed choice in Deqing there has been a steady decline in female sterilization, a small increase in IUD use, and a steady increase in condom use. Compared to China as a whole, the decline in female sterilization and the increase in condom use has been greater in Deqing though the trend is similar. In terms of the absolute numbers, the drop in female sterilization and the increase in condom use is striking and suggests that given a choice, couples will make different contraceptive choices. A provider who had worked for the program since the start of the one-child policy spoke of her own experience performing tubal ligations and of the overall decline in tubal ligation. “In 1982, I was a member of the medical team that went to the countryside to perform tubal ligations. Each and every day we did 100 tubal ligations. It was very exhausting, and conditions were difficult. One winter night, I did surgical consultations all through the night without a rest. At one point, I was so tired that I fell asleep while leaning against the furnace. When I awoke, I discovered that my cotton jacket was on fire.”

In the mid-1990s sterilization was still being carried out by mobile medical units in Deqing but the number of tubal ligations had declined. The provider continued, “In 1995 and 1996, we went to the countryside to perform sterilizations. Every day we did 20 to 30 tubal ligations. After the introduction of informed choice, the number of tubal ligations declined further. [In recent years,] there have been less than 100 tubal ligations a year [for the whole county] and all these procedures have been carried out voluntarily at fixed sites.”

Though the married women whom I interviewed were aware that condoms can also be used for disease prevention, this was not cited as a reason for their own use. Providers say that for married women of reproductive age, condoms are often used to delay the first birth. They also say that condoms are popular with the young and unmarried and that for this group disease prevention may be of greater concern. Finally, the rise in condom use suggests that some men have begun to take responsibility for their own reproductive health as well as that of their partner.<sup>68</sup> This is consistent with the increasing importance of self-governance.

## **Section 7.6: Administrative Measures**

Prior to the introduction of the pilot project, a variety of administrative measures<sup>69</sup> had long been used to help “manage planned birth.” Birth plans were broken down annually to towns and villages, and individual women had to apply for permission to give birth under an annual quota. In some areas including Deqing,, to receive the “birth permit” itself, the couple had to pay a deposit to guarantee that the woman would have an IUD inserted after the delivery of her first child.<sup>70</sup> For those who were eligible to apply for approval to have a second child and were approved to do so, a sterilization deposit was required.<sup>71</sup> The program provided few viable alternatives for women who did not want to use an IUD or be sterilized, or for whom such

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<sup>68</sup> Vasectomy is not popular in Deqing. In 2008, there were 3 vasectomies in the county.

<sup>69</sup> Some of the information in this section draws on a paper by Gu, Simmons and Szatkowski (2002).

<sup>70</sup> In Deqing, couples paid a deposit of 100-200 yuan which was returned after the IUD was inserted.)

<sup>71</sup> In Deqing, couples paid a deposit of 200-500 yuan which was returned after one member of the couple underwent a sterilization procedure.

methods were contraindicated. One woman told how previous rules regarding the spacing of births and contraceptive use had impacted her, “I had an abortion before giving birth to my second child because I had not yet met the four-year spacing requirement.” She continued, “After the birth of my second child, I was sterilized. That was the rule then, IUD after the first birth, sterilization after the second.”

After the introduction of the pilot project, the birth plan and the birth quota were abolished in the pilot sites and the “birth permit” was replaced with a “birth service certificate” (*shengyu duixiang fuwuzheng* 生育对象服务证) which the couple can obtain after the woman becomes pregnant. The procedures for obtaining the birth service certificate in Deqing are detailed in Box 2 below. The first birth is considered an “in-plan birth” as long as both husband and wife are eight months above the minimum legal age for marriage at the time of delivery and have obtained the birth service certificate, which is usually delivered to the couple by the women’s head. While the birth service certificate retains the “birth management” function of the birth permit, unlike the permit, the certificate also contains a checklist of the services to which the client is entitled as well as a record of the services that the client has already received. Approval for a second birth, in places where eligible couples may apply for approval for a second birth, is still required. See Box 3 below for conditions regarding eligibility to apply for a second birth in Zhejiang and Box 4 for the procedures for obtaining approval in Deqing. “Deposits” to guarantee later contraceptive use after the first or the second birth, when a second birth is approved, were also eliminated. And, as already discussed, with the introduction of informed choice, parity-driven rules for contraceptive use were abolished. Finally, requirements for spacing between the first and second birth, in places where eligible couples may apply for approval for a second birth is approved were shortened or eliminated in many of the pilot sites

including Deqing. A provider described the process, “The process for obtaining approval for a second birth is now simplified. First, one applies for approval. Then, when approval is granted, it is entered on a spreadsheet (*biaog* 表格). Prior to 2002, one had to wait four years after the first birth to apply for approval. Now, one can apply for approval right after the first birth.”

Initially, some grassroots cadres in the pilot sites, including Deqing, were concerned that lifting these administrative measures and “allowing” couples to make their own contraceptive choices might result in a surge in out-of-plan pregnancies and births. When this did not prove to be the case, and in fact, they saw that there was a significant reduction in “costs,” their support strengthened. As other locales learned of the results and conducted trials of their own momentum for the extension of these measures grew. After the enactment of the 2001 Population and Family Planning Law, all provincial family planning regulations were revised and prior approval for the first birth was cancelled. Women can apply for a “birth service certificate” after pregnancy and are eligible to receive reproductive health services with the certificate. Though deposits have also been eliminated, “contracts” specifying the rights and obligations of clients and local population and family planning departments continue to exist in some areas and for particular populations such as migrants.

The 2001 Population and Family Planning Law also contained a provision for a “social compensation fee” (*shehui fuyang fei* 社会抚养费), a fee to be levied on both members of the couple for an “excess birth.” (See below for details on the SCF as it is being carried out in Zhejiang Province.) In theory, the “fee” is an improvement over earlier “fines” for out-of-plan births, but in practice it can be hard to discern the difference. Along with serving as an incentive for contraceptive use, the fee is meant as a reimbursement to society for the costs of an additional birth, such as state-provided health services and education. Critics maintain however that the

steep fees are in fact coercive compelling couples to opt for abortion rather than bring a pregnancy to term. While lobbying for its elimination, the United Nations Population Fund (UNFPA) has, as of 2003, required the pilot counties to seek to minimize the fee's impact on individual's bearing out-of plan children by various methods including: reducing the fee; allowing payments to be made in installments, or suspending the fee.

Box 2. Procedure for obtaining the birth service certificate

**Procedure for obtaining the birth service certificate**

After registering for marriage, couples intending to give birth to their first child need to obtain a birth service certificate from the county or village population and family planning office at their place of residence. To obtain the birth service certificate they need to present the following: their identification documents, their household registration documents, recent photos, and their marriage certificate. The couple themselves can decide the timing of the first birth, but they must obtain a birth service certificate for the birth to be considered a lawful birth.

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Box 3. Eligibility to apply for approval for a second birth

**Eligibility to apply for approval for a second birth**

Married couples who meet one of the following conditions are eligible to apply for approval to have a second birth:

1. Both husband and wife are only children and they have one child;
2. Both husband and wife have rural household registration (*hukou* 户口) and they have one child, a girl;
3. Both husband and wife have rural household registration (*hukou* 户口) ; either the husband or the wife as well as his/her parents are only children and they have one child;
4. Both husband and wife have rural household registration (*hukou* 户口) ; the wife's parents had only one or two daughters; the man married uxorilocally and provides financial support for his wife's parents; they have one child; if the women's parent's had two daughters only one of the two daughters is eligible to apply for approval to have a second birth;
5. Both husband and wife are from a minority population and they have one child;
6. Both husband and wife have rural household registration (*hukou* 户口) ; either the husband or the wife is from a minority population and his/her family has had residency in Zhejiang Province for two generations; they have one child;
7. Either the husband or the wife is the only child of a veteran who died while on duty and they have one child;
8. Either the husband or the wife was previously married and had one child; his/her spouse has never had a child;
9. Either the husband or the wife was a widow/widower with two children before their marriage; his/her spouse has never had a child;
10. They have one child who due to disability cannot grow up to join the workforce and his/her disability was judged not to be a hereditary by an organization for disabled children above the city-level;
11. Either the husband or the wife has worked in the mines for over five years and will continue to do so; they have one child, a girl.

<<Zhejiang Province Population and Family Planning Commission>>

Box 4. Procedure to obtain approval for a second birth

**Procedure to obtain approval for a second birth**

Couples who satisfy one of the conditions listed above, are eligible to apply for approval to have a second birth. To do so, they must bring the necessary documents and complete the application form. Within 30 days, they will receive notification regarding the status of their application. If approved they will be issued a “certificate for a second birth.”

<<Deqing County Population and Family Planning Commission>>

Box 5. Social compensation fee

**Social compensation fee**

Each member of a couple who has an excess birth will be levied a social compensation fee according to the following multiples of the average annual income of urban or rural residents in the county [depending on their own household registration (*hukou* 户口) status]:

1. For a couple that has one excess birth, the multiple is double or quadruple;
2. For a couple that have two or more excess births, the multiple is double what was levied for one excess birth;
3. For a couple who satisfy the criteria for another birth but have not received approval, the multiple is .5 or 1;
4. For a couple who are of marriageable age but not registered for marriage give birth, if by the time the child is six months old they still have not registered for marriage the multiple is .5 to 1.
5. For a couple who have not yet reached marriageable age but have given birth, the multiple is 1.5 to 2.5
6. For a married person who has a child with someone other than his or her spouse, the multiple is double what is levied in case (1) or (2);

If a person has an annual income higher than the average annual income of urban or rural residents in the county, a levy of multiple 1 to 2 will be applied to the part that exceed the average annual income.

If a person does not pay the social compensation fee within the prescribed time period, then from the day he or she owes the money, each month he or she must pay a late fee which is equal to .2% of the social compensation fee. If he or she still does not pay, then the organization that made the decision to levy the fee should apply to the People’s Court to force (*changzhi zixing*) him or her to pay.

<<Zhejiang Province Population and Family Planning Commission>>



## **Section 7.7: Rights Protection**

While the reform of administrative measures was one of the first areas that the pilot project sought to address, the issue of rights protection is a relatively recent development. In recent years, Chinese leaders have said repeatedly that governance is to be carried out in accordance with the “rule of law,” and it is true that since the introduction of reform, the body of law has grown progressively larger. In the domain of population, while there had long been discussion about the need for a population law, it wasn’t until 2001 that the Law on Population and Family Planning was enacted. The rights that the program seeks to protect and promote are largely those included in the 2001 Law.

Rights included in the 2001 Law on Population and Family Planning include the following: the right to reproduce according to law (Article 17); the right to informed choice of safe, effective, and appropriate contraceptive measures (Article 19); the right to obtain, free of charge, basic technical services specified by the State (Article 21); the right to publicity and education in the basic knowledge about the population program and family planning (Article 33); the right of rewards for postponing marriage and childbearing, for undergoing surgical contraceptive procedures, and for volunteering to have one-child (Articles 25-27) the right of households that practice family planning, especially poor households to receive preferential treatment (Article 28); the protection of citizen’s personal rights, property rights or other legitimate interests in the work of family planning (Article 39); the right of citizens, legal persons or other organizations, to appeal for administrative review or initiate administrative proceedings, in accordance with the law, when they believe an administrative department has infringed upon their legitimate rights and interests while administering the family planning program (Article 44).

Many of the specified rights including articles 17, 19, 21, and 33 are of an affirmative nature though carefully circumscribed. Articles 39 and 44, however, address the issue of rights violations and means of redress. Articles 25-27 and 28 address the rights of those who postpone childbearing, “accept” family planning, or “volunteer” to have one child to receive special monetary rewards. Box 7 shows the reward policy in Deqing. Box 8 show the discount policy for single-child families in Deqing. These rewards are meant both as an incentive for couples to take these actions as well as compensation for couples who had a child that due to death or disability is unable to fulfill their obligation to provide financial support for the couple in their old age. In general, people in Deqing had positive views of the rewards, and felt that it was fair for single-child families to be rewarded for having only one-child. In addition to the rewards, one woman described how government compensation for single-child families whose house was razed for development was determined, “For single-child families, one child counts as two, so they get a bigger house

The primary strategy that the program has adopted to promote rights protection in the pilot sites is to publicize the Law and related regulations. In Deqing, this has been done through a variety of means. Pamphlets which include information on rights have been developed and distributed.<sup>72</sup> Publicity walls provide detailed information on population and family planning policy and services, The rights of the client promoted by the International Planned Parenthood Fund (IPPF) are posted in the county technical service and guidance station (See fig. 23 below)

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<sup>72</sup> For migrant women, a publication entitled “Handbook for Sisters Coming from Outside” (*wailai jiemei shouce* 外来姐妹手册) contains information on the role of the *women’s association* in rights protection; excerpts from several relevant laws including the Law on Women’s Rights and interests, the Marriage Law, and the Zhejiang Province Protection law for Women Workers; and contact information for the “Rights Protection Network” (*lianluozhan* 联络站), a committee set up to investigate rights violations.

The third right states that clients have the right to choose whether or not to adopt contraception which is not factually correct. I did, however, interview a married woman who had completed childbearing, was sexually active, and did not use contraception, something I found surprising. It was not the case that she had fallen through the cracks. Her contact information was posted on the wall in the women's head home along with all the other married women of reproductive age in the village. A "Rights Protection Hotline" has also been set up to handle specific queries and lodge complaints. Questions can also be submitted online to the county population and family planning website. From 2005-2009, there were more than 2,000 calls to the hotline and 220 posts to the website in Deqing.

The overall goal is to spread knowledge on right's protection so that the people can better protect their own rights and even act as watchpersons for the fair implementation of population policy. Training for providers at all levels has been carried out to prevent abusive conduct in the administration of the program, behavior which is against the 2001 Population and Family Planning Law. Prior to the enactment of the Law, the National Population and Family Planning Commission (NPFPC) issued the "Seven Forbids" for local population program providers (See Box 6 below).

Box 6. “Seven Forbids”

**“Seven Forbids”**

(For local population program providers)

1. Forbid to keep in custody, beat or insult persons and their family members who violate family planning regulations;
2. Forbid to damage the property, crops or houses of persons who violate family planning regulations;
3. Forbid to confiscate the properties of persons who violate family planning regulations;
4. Forbid to levy fees or impose fines without administrative license;
5. Forbid to retaliate against persons who lodge complaints about the program;
6. Forbid to refuse to approve legitimate birth permits on the grounds that the population plan has not been filled;
7. Forbid to conduct pregnancy examination of unmarried girls.

<<National Population and Family Planning Commission>>

Implementation of the provision of the 2001 Law on Population and Family Planning on informed choice can vary from place to place. A good illustration of this situation is provided by the following case related to me by a provider. A migrant in Deqing was pressed by a program personnel in her place of origin (户籍地 *hujidi*) to undergo sterilization, something she did not want to do. Program personnel in Deqing contacted the program personnel in the migrant's place of origin, and argued that in accordance with the law the migrant had a right to a contraceptive choice. While the migrant did not have the right not to use contraception, she was able to choose a method. In the end, she did not undergo a sterilization procedure. She opted for a different kind of contraception.

#### Box 7. Rules for rewards

##### **Rules for rewards**

1. Persons with rural household registration (*hukou* 户口) who have not participated in the urban employee pension insurance scheme will receive 820 yuan annually.
2. Persons who had one child and that child died will receive 1800 yuan annually.
3. Persons with a single child with a third class disability will receive 1440 yuan annually.
4. A disabled child or a single child with a disabled parent will receive a one-time tuition subsidy when they enroll in a 2-year or 4-year college. For enrollment in a 2-year college, they will receive 4,000 yuan. For enrollment in a 4-year college they will receive 5,000 yuan.
5. Couples who have an honor certificate will receive a 100 yuan reward every year from the time they received the certificate until their child is 14 years old.
6. Couples with rural household registration (*hukou* 户口) and an honor certificate will, when land is allocated, receive 1.5 to 2 times the amount of land that those without such certificates receive.
7. Couples where either the husband or the wife had a sterilization procedure in or after 2008 will receive a one time reward of 500 yuan.

<<Deqing County Population and Family Planning Commission>>

#### Box 8. Discount policy for single-child families

##### **Discount policy for single-child families**

1. Parents of a single-child who have an honor certificate get a 10% discount in the reproductive health check-up implemented by the township population and family planning bureau.
2. Parents of a single-child who participate in the rural cooperative medical scheme, get a 10% discount for in-patient hospital care. For serious diseases or special medical needs, the child and his or her parents can get further help.
3. Parents of a single-child get a 10% discount when they go to a public nursing home.

<<Deqing County Population and Family Planning Commission>>



Fig.23. Rights of the Client:

1. **INFORMATION** – The right to know the benefits of planned birth and how to get planned birth services.

2. **ACCESS** – The right to planned birth services irrespective of gender, religion, skin color, marital status or place of residence.

3. **CHOICE** – The right to choose whether or not to adopt contraception and if so, the kind of contraceptive method to adopt. (According to the 2001 law- – clients do have the duty to use contraception)

4. **SAFETY** – The right to adopt safe and effective contraceptive measures

5. **PRIVACY** – The right to request that birth planning counseling and services be offered in a private setting.-

6. **CONFIDENTIALITY** – The right to privacy.

7. **DIGNITY** – The rights to courteous, detailed and caring treatment. -

8. **COMFORT** – The right to comforting service.

9. **CONTINUITY** – The rights to receive based on need continuous service, -contraceptive medicines and devices.

10. **OPINION** – The right to express one's opinion about the birth planning services that one has received.

(Deqing County Population and Family Planning Technical Service and Guidance Station, Wukang)

## CHAPTER EIGHT

### EXPANDING THE SCOPE OF SERVICES AND TARGET CLIENTS IN DEQING

#### Section 8.1: Implementing the Healthy Baby Plan (*Jiankang Baobei Jihua* 健康宝贝计划)

Recent reports of a rise in birth defects have captured the attention of China's leaders, who speak of it in crisis terms. According to the Ministry of Health, "Every year about 900,000 babies are born with birth defects."<sup>73 74 75</sup> Like the "quantity" problem before, the issue of "birth quality" is viewed as a problem not only for those directly affected, but for Chinese society as a whole, a drain on its resources and a hindrance to its ability to compete on an equal footing with "first rate nations." This way of thinking reaches down to the grassroots as well. At a training session organized by the county for village-level providers in Deqing, graphs were included to drive home the point that in terms of the prevention of birth defects China was far behind the US and needed to catch up.

The primary strategy to prevent birth defects is not new but rather a renewed commitment to promote pre-marital birth examinations. The 1995 Maternal and Infant Health Law<sup>76</sup> stipulated that each member of a couple planning to marry should have a pre-marital

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<sup>73</sup> Existing data on the incidence of birth defects is limited and may not be reliable (UNICEF 2013).

<sup>74</sup> Data on under-5 mortality is available. Approximately 9% of under-5 mortality is due to birth defects (UNICEF 2013).

<sup>75</sup> The proportion of children dying from birth defects in China is actually low compared to other countries with similar under five mortality rates (UNICEF 2013).

<sup>76</sup> A preliminary draft of the law was entitled "Eugenics Law." After protests, the law was renamed.

medical examination. The purpose of the pre-marital medical examinations is to see if either the man or the woman planning to marry “suffer from any disease that may have an adverse effect on the marriage and child-bearing.”<sup>77 78</sup> The Maternal and Infant Health Law specified three kinds of disease that were to receive particular attention: “genetic diseases of a serious nature,”<sup>79</sup> “target infectious diseases,”<sup>80</sup> and “relevant mental diseases.”<sup>81</sup>

From 1995 to 2003, the pre-marital medical examination was compulsory. Since 2003, it has been voluntary. After the exam became voluntary, participation plummeted. The reason for the precipitous decline is not known. Several possibilities exist: clients felt the examination was unnecessary; clients thought it might affect their marriage prospects; clients found the cost of the exam too high; the examination was not promoted as vigorously as before by leaders at the central and local levels of the program.

Those working at both the central and local-level of the program, believe there is a strong relationship between the decline in persons having the pre-marital examination and the rise in birth defects. As one official put it, “It is definitely true that these exams help reduce or

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<sup>77</sup> See Dikotter (1998) for the history of eugenics in China.

<sup>78</sup> The Marriage Law adopted in 1980 and amended in 2003 includes the following provision, no marriage may be contracted “if the man or the woman is suffering from any disease which is regarded by medical science as rendering a person unfit for marriage.”

<sup>79</sup> “Genetic diseases of a serious nature refer to diseases that are caused by genetic factors congenitally, that may totally or partially deprive the victim of the ability to live independently, that are highly possible to recur in generations to come, and that are medically considered inappropriate for reproduction.”

<sup>80</sup> “Target infectious diseases refer to AIDS, gonorrhea, syphilis, and leprosy specified in the Law of the People's Republic of China on the Prevention and Treatment of Infectious Diseases, as well as other infectious diseases that are medically considered to have adverse effects on marriage and reproduction.”

<sup>81</sup> “Relevant mental diseases refer to schizophrenia, manic-depressive psychosis and other mental diseases of a serious nature.”



lower birth defects. For the last few years, the percentage of people [in Zhejiang Province] who had premarital exams dropped from over 90% to 5%, and the appearance of birth defects showed a marked increase. In 2003, 11.51% of all under-five deaths were due to birth defects. This percentage increased to 20.87% in 2007.

To focus attention on the problem of birth defects, the central government released an “opinion”<sup>82</sup> on “Developing Primary Prevention for Birth Defects.” Officials at the provincial, prefectural, and county-levels followed suit releasing their own “opinions” in successive fashion with each addition providing progressively more details on implementation (see Box 9).

#### Box 9. Key Documents

##### Key Documents

- Central Opinion, NPFPC ---9/13/2007, no. 85  
“Guiding Opinion of NPFPC on Developing Primary Prevention for Birth Defects,” <<Guojia renkou jishengwei guanyu kaizhan chuxian yiji yufang gongzuo de zhidao yijian>>
- Provincial Opinion ---12/19/08, no. 82  
“Opinion on the Promotion of Free Premarital Medical Checks and Free Prenatal Quality Birth Exams,” <<Zhejiang sheng renmin zhengfu guanyu shifang mianfei hunqian yixue jiancha he mianfei naiqian yousheng jianze de yijian>>
- Prefectural Opinion---2009, no. 17  
“Opinion on the Implementation of the ‘Healthy Baby Plan’ <<Huzhou shi renmin zhengfu guanyu shifang ‘Jiankang baobao jihua’ de yijian>>
- County Article---2009, no. 19

To promote participation in the premarital medical exam, officials in Zhejiang Province decided that the examination would be free. In addition to the free pre-marital medical examination, a free prenatal examination would also be included. These “two frees” (*liangge mianfei* 两个免费), as they came to be known, are the centerpiece of governmental efforts to

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<sup>82</sup> “Opinions” are often released to launch a new initiative.

reduce birth defects. (fig.24). Officials at the prefectural level, declared that henceforth, the effort to promote the “two frees” would be known as the “Healthy Baby Plan.” As a pilot site, Deqing was to lead the way in implementing the “Healthy Baby Plan.”

In Deqing, along with the “two frees” four additional services are included in the “Healthy Baby Plan.” The plan addresses the needs of couples at all stages – pre-marital, pre-pregnancy, pregnancy, and post-natal. Guided by the WHO concept of three levels of prevention, the goal is to intervene as early as possible to prevent a “defective birth.” The following six services are included in the “Healthy Baby Plan” (see fig. 25) implemented in Deqing: (1) the premarital reproductive health service; (2) the free premarital medical examination; (3) the pre-pregnancy risk evaluation and guidance; (4) the free pre-pregnancy quality birth test; (5) prenatal health care, and (6) neonatal disease screening. Detail on these services follows below.



Fig. 24. Billboard “Fewer births, later births, all should be quality births, Giving birth to boys, giving birth to girls all should be quality births.” From May 1, 2009 the People’s Government of Deqing County began county-wide implementation of the ‘Healthy Baby Plan’ which, as listed on the publicity wall, includes the following six items: (1) premarital reproductive health service; (2) free premarital checkup; (3) prenatal risk evaluation and guidance; (4) free prenatal testing; (5) health care during pregnancy; (6) newborn check for genetic disease. (Wukang, publicity wall)



Fig. 25. Billboard “Implementing the free premarital and free pre-pregnancy check to raise the birth quality of the population.”(Wukang, publicity wall)

*(1) The premarital reproductive health service*

The target group for the free premarital reproductive health service are couples who plan to marry but haven't yet registered for marriage. Couples are given information about reproductive health and relevant laws, primarily the Marriage Law (*hunyun fa* 婚姻法) and the Maternal and Infant Health Care Law (*moyin baojian fa* 母婴保健法). The provider also guides (*zhidao* 指导) the couple in making an informed contraceptive choice and gives them free contraceptives. Couples also receive the “two frees” policy information book which comes with an accompanying DVD. Arrangements are made for a follow-up appointment and couples of marriageable age to register for marriage.

## *(2) The free premarital medical examination*

The free premarital medical examination is the first of the “two frees.” The exam has two components: a physical exam<sup>83</sup> for both partners and an examination of the “disease history and conditions that affect marriage” on both sides. The objective of the premarital medical examination is to identify persons who because of their family history or the results of premarital testing are seen as being at heightened risk of having a “defective child.” Specifically, the premarital medical check aims to detect whether either partner suffers from a “serious hereditary disease,” certain “contagious diseases” or relevant “mental disease” as defined in the Marriage Law and the Maternal and Infant Healthcare Law.” It is said, “through the premarital exam, you can comprehensively know your health situation and that of your partner.”

To encourage couples to undergo the exam, the program appeals to both their self-interest and concern for the greater good. According to the “Free Premarital Medical Check Guide” (*mianfei hunqian yixue jiancha zhinan* 免费婚前医学检查指南) given to clients in Deqing, “the [exam] is very important for family harmony and happiness, to increase your living quality and to give birth to a healthy child.” It is also “a very important line of defense for improving the quality of [all] new births and should be undertaken to save the country a serious social burden (*yanzhongde shehui fudan* 严重的社会负担).” If, “after the premarital exam no disease is found that will affect the marriage, a new couple can walk into the marriage temple with a carefree and happy feeling.” And “even if such disease is found you can still marry after the disease is cured. The doctor will make a reasonable (*helide* 合理的) suggestion and [provide] help based on

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<sup>83</sup> The free check-up for men includes: (1) a routine physical examination including urinalysis; (2) a liver function test (SGPT surface antigen); (3) tests for syphilis and HIV, and (4) a chest x-ray. In addition to these items, women also have a routine leucorrhea exam.

[your] actual case. Of course, there is a small probability of being identified as “unsuitable for birth.”

### *(3) Free pre-pregnancy risk evaluation and guidance*

#### *(a) Pre-pregnancy risk evaluation:*

Pre-pregnancy risk evaluation is for couples who have received a “reproductive health service certificate“ (*shengzhi jiankang fuwu zheng* 生育对象服务证) or “certificate for a second birth” (*zai shen yu zhen* 再生育证). It has two components: first, both members of the couple complete individual online questionnaires; second, they meet with a provider to discuss the results. Though men do complete an online questionnaire, the one completed by women is the primary focus and the one I describe.

The online questionnaire includes questions on family history, medical history, and “lifestyle.” The questionnaire is quite long. There are for example more than 50 questions regarding family history of genetic and congenital disease. Inquires about the woman’s own medical history, her disease history and reproductive history are also extensive. Inquiries about disease history include questions on infectious and chronic disease. Women are asked if for the last three months they have had any a wide variety of diseases and if so, whether or not the given disease is “under control.” Lifestyle questions inquire about a number of healthy habits, especially those related to diet and exercise. There are also a number of questions about unhealthy habits. After the results are tabulated, the woman will get a score. This score will determine which of three color-coded categories she is placed. Green indicates that she is suitable for birth, yellow that she is temporarily unsuitable for birth, and red that she is unsuitable for birth.

After completing the questionnaires, the couple meets with a provider to discuss the results of the online risk evaluation. In meeting with the couple, the objective is make them aware of the risks they face and to offer some suggestions about how they might address these risks. They are encouraged to maintain a “healthy lifestyle” and avoid contact with hazardous materials that cause deformities something that may not be entirely within their control.

*(b) free pre-pregnancy quality birth testing*

This is the second of the “two-frees” (*liangge mianfei*). Beginning in May 2009, women planning a pregnancy, have been offered “free pre-pregnancy quality birth testing” for TORCH infections: Toxoplasmosis, Other infections, Rubella, Cytomegalovirus, and Herpes Simplex. Other infections include: Hepatitis B, Tay-Sachs, and Syphilis. Some TORCH infections can be prevented by vaccination prior to pregnancy, others can be treated with antibiotics if the woman is diagnosed early in her pregnancy, but there are some TORCH infections for which there is no effective treatment.

To prevent disease caused by TORCH infections, women who are planning a pregnancy and have received the reproductive health service certificate or the certificate for permission to have a second should “willingly (*zijue* 自觉) accept the free pre-pregnancy quality birth tests provided to them by the government. When women receive either of these two certificates, they are also given a “free pre-pregnancy quality birth test card,” which they use to access services at the designated institutions. “For those for whom the test results indicate that they should postpone pregnancy or are not suitable to be pregnant, the service institutions will provide medical suggestions and provide follow-up service.”

#### *(4) Prenatal health care*

Pregnant women are given information about how their body will change according to the developmental needs of the fetus. If changes exceed the “normal limits,” additional screening will be carried out. Once a woman tests positive for pregnancy, she is advised to have a prenatal examination as soon as possible. Beginning in the 16<sup>th</sup> week of her pregnancy, she has examinations according to the following schedule: every four weeks up to the 28<sup>th</sup> week of her pregnancy; every two weeks up to the 36<sup>th</sup> week of her pregnancy, and; weekly after the 36<sup>th</sup> week of her pregnancy. If anything “abnormal” happens the woman is advised to take “the timely corresponding measure.”

#### *(5) Neonatal disease screening.*

Neonates are screened for phenylketonuria, congenital hypothyroidism, and congenital hearing problems. If problems are found, the parents are advised to make timely intervention before the clinical symptoms appear and to avoid irreversible damage. “Parents should have a scientific attitude (*kexue de taidu* 科学的态度) towards neonatal disease screening. They should never have the mentality that if a problem is found, they will be the lucky ones and that the disease will somehow disappear.”

The six elements described above constitute the “Healthy Baby Plan”. Both providers and clients seemed to be quite interested in the concept of a “quality birth”. A woman remarked, “The bottom line is that boys and girls are both fine. It is fine to have one child or two children. What matters is that they are healthy and smart.” “Previously, after birth women would just wash the umbilical cord,” a provider commented. “But now personal hygiene is better, and the

baby is given a daily bath. They have silk quilts that are very soft and frequently washed.” A clinician at the County Technical Service and Guidance Station added, “The concept of a quality birth and a healthy baby is a big change from before. This year our county started the healthy baby plan and the two frees. Clients are really interested in the checks and are very much willing to have them.”

Another reason that the local population seemed to like the “Healthy Baby Plan” is that they thought it brought them good service. One woman commented, “Service is very good. After childbirth a service provider will come to your home and introduce different methods. Women who have IUDs have free b-ultrasounds three times a year. If a woman wants to go to the County Technical Service and Guidance Station to have an IUD inserted, a service provider will accompany her. Before you give birth, there will be a lot of checkups to make sure you have a healthy baby.”

The program also developed various activities to promote the concept of a “healthy baby.” The “Healthy Baby Contest” was one of these activities. It was meant to disseminate knowledge about childcare and the importance of adopting behaviors to promote the intellectual and physical development of the child including chatting with children, singing songs, playing games, listening to music, cultivating their observational ability and memorization skills. While a relatively small number of children participated in the final activity which was designed as a platform to display their talents, information on the contest was published in the local newspaper, and readers could help winnow the field by texting their vote for the “most lovable,” which, it should be pointed out, is not the same as the healthiest. Parents of the final ten were also required to submit an essay about “their thoughts on bringing up their child” which would also be published in the local newspaper. There were “winners” in the contest, something that I found a



bit heartbreaking to watch as parents and often two sets of grandparents displayed their obvious disappointment when their precious child was not selected. Prizes for the top three included a photo shoot at a local studio. The seven remaining contestants received a plaque, a certificate, and a small amount of money.

To evaluate the implementation of the healthy baby plan, a set of indicators have been developed. They consist of six rates defined as follows (see Box 10).

Box 10. Healthy baby plan indicators

**Healthy baby plan indicators**

1. The percentage of the married child-bearing age couples who have the knowledge about reproductive health and healthy birth.
2. The percentage of the couples, newly-wed and planning to become pregnant, who received healthy baby counseling.
3. The percentage of couples who received the premarital medical exam.
4. The percentage of couples who received pre-pregnancy healthy baby check-up.
5. The percentage of couples eligible to have a second child due to a disabled first child who have received healthy baby counseling and service.
6. The percentage of the couples eligible for “Two-Free” who have received the “Two-Free” notification

In Deqing, the implementation of the “Healthy Baby Plan,” is a particularly good example of collaboration between the the Deqing County Population and Family Planning Commission (DCPBPC) and the Deqing County Department of Health. While the DCPFC is the lead agency for the implementation of the “Healthy Baby Plan,” some services are provided by the DCPBPC, some by the Deqing County Department of Health, and some by both the DCPBPC and the Deqing County Department of Health (see Box 11).

Box 11. The “Healthy Baby Plan”: Division of Labor

**The “Healthy Baby Plan”: Division of Labor**

1. Premarital Reproductive Health Service: Provided by the DCPBPC (Deqing County Population and Birth Planning Commission).
2. Premarital Medical Exam: Provided by the Deqing County Department of Health, Carried out by Women and Children’s Health Hospital staff.
3. Premarital Risk Evaluation: Provided by the DCPBPC, Carried out by county, township and village-level DCPBPC staff.
4. Premarital Quality Birth Counseling: Provided by the Deqing County Department of Health and the DCPBPC.
5. Free Prenatal Quality Birth Exam: Provided by the DCPBPC Carried out by Deqing County Birth Planning Technical Service and Guidance Station

***Conclusion***

Among China’s leaders at the central level, it is widely believed that birth defects are a serious problem, one that has worsened in recent years. Birth defects, moreover, are considered a problem for the affected individual, their family and Chinese society as a whole, a problem that diminishes the quality of the population and makes China less competitive in the global marketplace. Leaders in Deqing echo this concern. Intent on raising the “perfect child,” the married women of reproductive age with whom I spoke, are also eager to do all that they can to have a “quality birth.”

It is commonly assumed that there is a strong relationship between the rise in birth defects and declining participation in the premarital examination. It is, therefore, reasoned that, to address the problem of birth defects, participation in the premarital examination needs to be increased. This has been a driving force behind the promotion of the “Healthy Baby Plan” in Deqing. The assumption that testing is the best way to reduce birth defects may, however, be

misplaced. There are problems with the tests themselves, and other interventions may be more important.

The “Healthy Baby Plan” and the program at large also places too much emphasis on “genetic disease” as a cause of birth defects. Few diseases follow a Mendelian pattern of inheritance. In many cases, it is likely that multiple genes are involved . Moreover, a genetic link may indicate that one is predisposed to acquiring a disease. It does not mean that the disease will be made manifest. Finally, diseases for which tests do exist are not without flaw and may present risks of their own. False positive occur and even for those that test negative, there is no guarantee that they will have a child without birth defects.

Environmental degradation rather than genetic disease seems to be a more important contributing factor. The incidence of genetic disease would not increase in a short period of time. On the other hand, rapid industrialization without adequate regulation in place – enforcement of existing regulations is also a problem – has caused catastrophic damage to the environment – air, soil and water have all been affected. There is a growing body of evidence about the negative effects of mothers’ exposure to heavy metals and other harmful chemicals such as polycyclic aromatic hydrocarbons (PAHs).<sup>84 85</sup> Shortly after I left Deqing, news broke in the Chinese press as well in the New York Times (La Franiere 2011), that workers and villagers had been poisoned

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<sup>84</sup> There is a clear association between the environment the mother is exposed to and birth outcomes. For example, Ren et al. (2011), found that in Shanxi Province, where coal is an important source of energy, the percentage of infants born with neural tube defects was 18 times higher than that in the U.S.

<sup>85</sup> Another study by Chow et al. (2006), compared two groups of babies whose families lived within 2 kilometers of a power plant in Chongqing. The first group of babies were born when the power plant was operational, the second group after the power plant had closed. Both groups were given standardized tests on their second birthday. The first group had developmental delays, especially in motor skills; the second group did not.

by lead emissions from a battery factory in Deqing. It was reported that 233 adults and 99 children were found to have lead concentrations in their blood as high as seven times the safe level according to the Chinese standard. Many of those working in the factory or living nearby were migrants and among the most disadvantaged in Deqing.

Finally, given the size of the population, the number of children born with birth defects is large, but the overall contribution **of** birth defects to childhood mortality is relatively small. The issue of birth defects is one that is easily sensationalized and taps into parental anxieties about their child's future. The focus on birth defects also adds to the stigma that already exists for those born with birth defects. The quality of life of person born with a birth defect is assumed to be poor and the effect on the family negative.

## **Section 8.2: Managing the Migrant Population (*guanli liudong renkou* 管理流动人口)**

Large-scale internal migration in China began in the early 1980s in the wake of agricultural reform, namely the introduction of the household responsibility system, which led to large gains in productivity and a large surplus labor force. Millions of rural residents left their home villages in search of non-agricultural work in towns and cities, work that when compared to farming they expected to be more remunerative. As the economy continued to grow, so did the demand for low-skilled workers in labor-intensive industries, a draw for migrants. Internal migration grew exponentially and shows no signs of abating, though some new patterns have emerged. While the migration of young single males remains an important component of the migration stream, the number of young single females has grown, too, and so has family migration. There is also evidence that, compared to early migration, migrants are on average

spending a longer period of time in residence at their place of destination (Zai 2007).

Zai (2007) identifies two major migration streams: the first, the Guangdong centered migration stream (Pearl River Delta region) and the other the Shanghai centered (Yangzi River Delta region) migration stream. Deqing belongs to the latter. The Shanghai centered migration stream has drawn migrants largely from Anhui whereas the Guangdong centered migration stream has drawn migrants from a number of provinces. Though Anhui has been dominant in the Shanghai centered migration stream, according to local officials in Deqing, migrants to Deqing have also come from a number of provinces in Central and Western China. There has also been migration to Deqing from within the province. Finally, though the numbers have been relatively small some of those native to Deqing have themselves migrated to other areas in search of new economic opportunities.

The migrant population in Deqing is diverse. It includes people from over 10 provinces including, Guizhou, Sichuan, and Yunnan. Some come on their own, some with their families. Some stay for a relatively short time and others for longer periods. Some women who came on their own have since married local men. The migrants are, relatively speaking, young, especially those who come on their own. They work in the following areas: construction, manufacturing, and services. The latter includes hair stylists, employees in “foot massage parlors,” commercial sex workers and so on. It also includes women who provide child care and/or house-keeping services (*baomu* 保姆). A significant number of migrants are in business for themselves – shining shoes outside the big hotels, working as food vendors, selling items at the night market and so on. Some have established businesses – small restaurants, clothing stores, fruit stores and so on. In short, while the native population often speaks of the migrant population as if they were

a singular group, they are in fact quite diverse. Many do however, tend to spend more time with, and work together, with those who hail from the same area.

Migrants' contribution to economic growth has been recognized and quantified. According to a report by UNESCO and the Institute of Sociology of the Chinese Academy of Social Studies (Zhan 2005), 16 percent of GDP growth in the last 20 years has been due to migrant labor. Migrants, moreover, have often filled jobs that are dirty and dangerous. In Deqing, for example, a disproportionate number of migrants were employed at or lived in close proximity to a battery factory that was found to be leaching lead into the soil. While figures for migrants' contribution to GDP growth in Deqing are not available, judging from the number of enterprises that recruit migrant labor as well as the businesses that migrants themselves have established, the contribution of migrant labor to the local economy appears to be significant.

Migrants have also contributed to GDP growth in their place of origin by sending remittances, and by return migration. Having acquired new skills and capital some of those who have returned to their place of origin have opened new businesses that employ local workers. I saw evidence of this in Deqing. For example, in the mountainous village that was a focus of my research, a return migrant woman who had acquired capital as well as skills in textile production during her time in an industrialized setting returned home and established her own small-scale textile production business which employed local women. She did piece work, producing sleeves for women's garments. It seemed to be "ground zero" for China's huge textile industry.<sup>86 87</sup>

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<sup>86</sup> There are large factories as well in Deqing, mostly on the outskirts of Wukang.

<sup>87</sup> When I travelled by bus to Suzhou to visit relatives from time to time, after departing Deqing the scenery was lush for a while but, it soon became increasingly more industrialized the closer I came to the outskirts of Suzhou such that by the last hour of my journey, there were miles and miles of medium and large size factories, one after another that produced goods of every sort imaginable. To view export numbers is one thing, but to see the number and variety of factories up close is quite astounding.

Another thing I found quite interesting was, though the woman, who had set up the textile business, was from the village right next to the mountain village where I did my fieldwork, she was regarded by the women's head as an outsider. They appeared to have excellent relations, and the village head even worked in her small factory for a time, still she was an outsider. This was not an isolated incident. During my fieldwork, I was often struck by how people from within the county saw their customs and habits as quite different from those who hailed from other parts of the county, even places in close proximity.<sup>88</sup>

Others in the mountainous village, including the "women's head," with whom I stayed and who had herself been a migrant, had upon returning to the village immediately set about renovating existing space or erecting new structures. This was the second time that she had made an addition to the existing structure. The first time was in the 1980s after the initiation of agricultural reform. While at the time the newly erected structure was used by her family, she was considering opening her new house to visitors who would pay to stay with her and her family and enjoy a "rural experience."

Moreover, in addition to learning new skills and acquiring the capital to start new businesses and construct new housing, there is also evidence that the migration experience itself affects a wide spectrum of attitudes and behaviors. Chen, Liu, and Xie (2010) examine the

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<sup>88</sup> Of course, identifying with one's hometown (*laojia* 老家) is to be expected, but the degree to which they saw their customs and habits as different was surprising. There are of course many degrees of difference, the general rule being the greater the physical or social distance, the more of outsider one is perceived to be. I of course was quite different, though not as different as the English teachers who kept to themselves, spoke little or no Chinese, and were rarely seen in town. I after all spoke pretty good Chinese. Additionally, I was a "*Jiangnan taitai*", a jiangnan wife, and was often introduced as such. It was done with a wink and a smile for sure, but it did narrow the distance and was definitely an icebreaker. So, why the digression? To give some sense of the degree to which those "who come from outside" are perceived to be different, and at times inferior.

effects of women's return migration on their attitudes to family planning and reproductive health. They find that women returning to their place of origin, especially those who have been living in large urban areas are more likely to adopt positive attitudes to family planning and reproductive health than women who have not migrated.

These positive attitudes include: a desire for a one-child family without son preference, a desire for a self-chosen spouse, and higher educational aspirations for girls. While it is difficult to say whether or not the migration experience of women in Deqing has been wholly or partially responsible for shaping their attitudes to family planning and reproductive health, it was abundantly clear that many of the women that I interviewed or with whom I had informal conversations shared these positive attitudes. Particularly striking was the high educational aspirations they had for their daughters, essentially no different from those they had for their sons. While nearly all of the women I interviewed had a middle-school education, most expect that their children would obtain a college education.

While acknowledging the positive effects of internal migration, the central government as well as local governments in both "sending" and "receiving" areas have spoken of the challenges they face as a result of such large scale internal migration. For the sending areas, the fate of those "left behind" to manage the household and farm has been seen as a particular problem. Moreover, since those left behind are more likely to be children and the elderly, they have been seen as particularly ill-equipped to take on additional responsibilities. This was the case for the "women's head" in the mountainous village. While she and her husband left the village to seek economic opportunities in the city, she left her children behind with her parents. At first, this seemed like a workable solution, but, as the children grew older, the task of caring for them



became too much for her parents to handle on their own. So she and her husband returned to the village.

While migrant women may be more likely than women who have not migrated to adopt positive attitudes to family planning and reproductive health as mentioned above, there is also concern that migration might negatively impact their sexual and reproductive health. Unmarried women who migrate on their own are seen as being particularly vulnerable to sexual exploitation in destination areas. According to the former Head of the Shanghai Family Planning Commission, “The rate of unexpected pregnancies for this group [unmarried migrant women] is a particular problem and abortion rates are high.” Moreover since the population program has historically focused on married women, it has often been difficult for unmarried women to access family planning and reproductive health services. In recent years, the population program, especially in large cities such as Beijing and Shanghai, has made a concerted effort to expand access to family planning and reproductive health services, but access still remains a significant problem. There is also concern that married migrants, who are separated from their spouse, especially men, are more likely to engage in “risky sex” than those who do not migrate, and, as a result, are more likely to acquire a sexually transmitted infection (STI), which, when they return to their place of origin, they transmit to their spouse.

For the receiving areas such as Deqing, along with the contributions that migrants make to the local economy, they are also often viewed as presenting particular problems. First, they are viewed as a strain on local resources, increasing the demand for a variety of services including health, education, social, and legal services. Second, they are seen as vectors of infectious disease. Program personnel maintain that diseases that had been eradicated have reappeared.

Third, migrants, particularly those who are young, are seen as being responsible for a disproportionate amount of crime.

Additionally, for some, migrants who hail from less developed areas in Central and Western China are viewed not only as presenting challenges for the population program, but as being inherently less “civilized” than those native to the area. These perceived differences, can make their integration into local society difficult. For example, a member of the managerial staff of the population program commented “Thirty years of birth planning work in Deqing reduced the number of births by 100,000, but there are 100,000 migrants, and these migrant people their quality is relatively low (*suzhi jiao cha* 素质较差), their education level is low and therefore, they are not very suitable (*bu hen shiying* 不很适应) to us local people (*bendi ren* 本地人), .... We [Deqing people] generally think, Yunnan, Guizhou, Sichuan – people from those three provinces, are relatively barbaric (*yeman* 野蛮), people from Guangzhou, they tend to worship money, whereas we people from Deqing we treasure culture/civilization quality (*wenhua suzhi* 文化素质), Deqing people in general think, well-educated children are better than a lot of money.”

To attend to the perceived negative effects of migration, the central government has employed different strategies at different times. At first, efforts were made to halt or slow the flow of migrants, efforts that were largely ineffective. More recently, emphasis has been placed on “managing the migrant population” and promoting their “social integration” in destination areas. With this strategy in mind, the central government has in recent years released a number of documents to guide local practice. The Joint Party and State Decision on “Fully Enhancing the Population and Family Planning Program and Comprehensively Addressing Population Issues” was released on January 22, 2007, State Council document number 555 on “Migrant Population

Family Planning Work Regulations” was released on April 29, 2009, and the National Population and Family Planning Commission (NPFPC) document number 47 an “Opinion” on the regulations was released on June 1, 2009, detailing the important role that local population and family planning commissions are expected to play in implementing the new approach. The National Population and Family Planning Commission (NPFPC) also created a new department devoted to “Family Planning Management and Services among the Floating Population” signaling that it was to be a priority of population work in the years to come. In Deqing, too, a new office devoted to Migrant Affairs was created in the County Population and Birth Planning Commission.

In general, there has been a move towards making the place of destination assume greater responsibility for tracking migrants and providing them with necessary services, especially birth planning and reproductive health services. In Deqing, with its relatively large migrant population, this has been viewed as a formidable task. Almost without exception, the providers that I interviewed in Deqing said that providing services to migrants was the most challenging part of their job. The chief complaint was that migrants were difficult to locate and, when finally located, often moved between one appointment and the next. As one provider put it, the migrants are “too fluid and it is difficult to get information about them. The majority are from poor areas outside the province.” Among those whom they try to contact are commercial sex workers (*xing fuwu gongzuo* 性服务工作), which those with who are native to Deqing maintain are exclusively migrants, As one provider put it, “We bring sex workers contraceptive medicines and devices and notify them about the reproductive health checkup. Some come and some don’t. It is voluntary (*ziyuan de yuanzi* 自愿的原则).” Migrant management had first been

introduced in the “sending areas” where it was assumed the task would be easier. In Deqing, migrant management was just getting started during my time in Deqing (fig. 26).

In Deqing, “migrant management” and access to “services” go hand in hand. To access services, migrant women must comply with a whole host of “administrative measures.” According to the pamphlet “New Deqing Person” (*xin Deqing ren* 新德清人), before leaving the place of household registration (*hukou* 户口), married couples are expected to obtain the migrant identity card (*liudong renkou hunyue zhengming* 流动人口证明). If the woman plans to become pregnant or give birth they should also have obtained a birth permit (*chusheng zheng* 出生证) or a permit for a second birth (*zai shengyu zheng* 再生育证). Otherwise, the couple should sign a contract with the local government at the place of household registration (*hukou* 户口) indicating that they have adopted a contraceptive method.

Upon arrival in Deqing, migrants are expected to register with the Department of Public Security (*gonganju* 公安局) and obtain a temporary residence card (*zhanzhuzheng* 暂住证). According to the “New Deqing Person’s Service Handbook” (*xin Deqing ren fuwu shouce* 新德清人服务手册), migrants who fail to register or apply for the temporary residence card and continue to do so after being notified they will be fined 50 yuan. If they use other people’s temporary residence card or refuse to let the Department of Public Security check their temporary residence card, they will be penalized according to the PRC Security Administration Penalty Rules. If they buy or sell the temporary residence card, they will be fined between 200 and 1000 yuan. In addition, within 30 days of arrival, married migrant women are expected to submit identification and the migrant identity card (*hunyue zhengming* 婚约证明) to the local village or county government so that they can “receive the administration” of the Deqing

Population and Family Planning Commission. Migrants who have “proof” – a migrant identity card (*liudong renkou hunyue zhengming*), a temporary residence card, and identification – can get the “New Deqing Person’s Service Card” (*xin Deqing ren fuwu ka* 新德清人服务卡). The population and family planning office will “urge” (*jiandu* 监督) those without proof to obtain the necessary documents within a certain period of time. Those who fail to get proof or refuse to do so will be “criticized and educated” (*piping jiaoyu* 批评教育).

Though the penalties for noncompliance are serious, it is hard to say the degree to which they are fully implemented. Aside from the fact that it is often difficult to contact migrants, I was told by program personnel that, “When the demand for migrant labor is high, rules are often put aside.” This is compounded by the fact that employers play an important role in sharing information about migrants with governmental agencies. The key then is to try to figure out which rules one must comply with and which can be put aside at least temporarily. However, one must also be alert to the fact that the necessity for compliance can change quickly.

The “New Deqing Person’s Service Card” is used to access the free service system (*mianfei fuwu zhidu* 免费服务制度). “All married migrant women are entitled to “four frees and one discount” - free publicity information, free family planning/reproductive health consultations, free contraceptive pills and devices, and free twice yearly ultrasound checks. They may also obtain an annual reproductive health checkup (*shengzhi jiankang jiancha* 生殖健康检查) at a discounted rate and can apply for reimbursement for the “four procedures” – IUD insertion, first-trimester abortion, mid- to late-term abortion and sterilization.

## Indicators

Ten new indicators have been introduced to monitor program performance with respect to migrant management and service provision (see Box 12). As is readily apparent most all of these indicators are about compliance with administrative rules not about service delivery, services received or the quality of such services. Additionally as is often the case though perhaps it is even more apparent here, is the fact that it is solely married women of reproductive age who are the target of program efforts. The program has in fact done outreach to young migrant men and women, but as many are relatively young such activities often fall under adolescent programs.

### Box 12. Migrant Service Indicators

#### **Migrant Service Indicators**

1. Percentage of married childbearing migrant women who registered at their place of household registration (*hukou* 户口) and received the marriage certificate (*hunyuе zhengminzheng* 婚约证明证).
2. Percentage of married childbearing migrant women who have adopted a contraceptive method
3. Percentage of married childbearing migrant women who have registered
4. Among married childbearing migrant women who have been interviewed the percentage of those that know their birth planning rights, duties, and responsibilities
5. Percentage of married childbearing migrant women who gave birth in compliance with birth planning rules
6. Percentage of married childbearing migrant women whose data is already entered into the provincial database.
7. Percentage of counties, townships, villages in the province who have used the national service platform (PADIS)
8. Percentage of married childbearing migrant women who have obtained free contraceptive medicine
9. Percentage of married childbearing migrant women who got a free pregnancy test
10. Percentage of married childbearing migrant women who received free birth planning surgery (as stipulated by the county) out of the total number of married childbearing migrant people

Source: Deqing County Population and Family Planning Commission (DCPFPC)



Fig. 26. The above “Migrant population management” poster reads: “Zhejiang Province migrant population residence registration rules was formally implemented on 10/01/2009. For the last 14 years, we have been carefully serving you. Migrants that stay more than three days should register to obtain the residence card. Residence card holders, if your residence or place of work changes, you should change your registration within 10 days. Employers, landlords, and companies, should register truthfully and report migrants’ information in a timely manner. Registering, changing your registration, and obtaining the residence card, all is free.” (Wukang, publicity wall)



Fig. 27. Billboard “Manage them as if they were local residents. Serve them as if they were local residents. Care for and love the migrant population.” (Wukang, publicity wall)

## **Conclusion**

While it is often said that the Deqing Population and Family Planning Commission aims to provide “the same publicity, the same service, and utilize the same management techniques” (*tongshi xuanchuan, tong fuwu, tong guanli* 同时宣传, 同服务, 同管理) (fig. 27) to manage the migrant population as it uses to manage the population with Deqing household registration (*hukou* 户口), the administrative burden for migrants is clearly much greater and counter to the general trend in the pilot areas and in the program at large, which is to reduce administrative requirements. The migrant population is often viewed in a negative light and Deqing is no exception. Not only are migrants viewed as an elusive population in need of special management techniques, they are often blamed for a host of societal problems including crime, infectious disease and so on. The majority opinion has long been that household registration is the primary factor determining migrant workers’ life chances. Zhang (2011), contests this view. He argues that social exclusion and cultural difference is of greater significance. In the case of Deqing, it does seem that cultural difference is important. From the perspective of some who are native to Deqing, not only do these differences exist but their culture and that of the Jiangnan region as a whole is often viewed as vastly superior.

As regards specific practices, I was somewhat surprised to hear that in Deqing, a pilot site, “birth planning contracts” were among the methods that the program used to manage the migrant population. These “contracts” have been a bone of contention in UNFPA negotiations with the Government of China regarding their continued support for the Chinese program. I had thought that agreement had been made that they were to be done away first in the pilot sites and later in the program at large. “IUD checks,” which were used in the past to monitor out of plan pregnancies, are being used both to monitor out of plan pregnancies and detect gynecological



disease. For migrants “double checks” are being promoted while for those native to Deqing are offered one b ultrasound a year. Clearly this is done because relative to the native population, migrants are seen as being at elevated “risk” for having an out of plan pregnancy or gynecological disease. In any event, for healthy women two b ultrasounds a year (three if the one in the reproductive check is included) is excessive. Even one b ultrasound a year is questionable for women who do not have a first-degree relative who has or had a gynecological cancer such as endometrial cancer. Of course b ultrasounds can also be used to determine the sex of a fetus. I was told that in Deqing, the quality of the image that could be obtained from the machine that was in current use was not good enough to detect the sex of the fetus. In addition, to have such purpose in mind would be illegal. That said, outside the clinic, it is relatively easy to find a place to have an ultrasound b for sex selection purposes.

In general, the new approach, “managing the population” rather than “controlling the population,” is now a key characteristic of the program at large. However, some specific practices associated with a more direct approach such as “birth planning contracts” and “IUD checks” are still being carried out, something that may not be readily apparent if one’s attention is focused on the central-level. “Looking locally” makes it possible to see these important continuities with past practice in the program.

### Section 8.3: Promoting adolescent reproductive health education (*qingchun jiankang jiaoyu* 青春健康教育)

Adolescents<sup>89 90 91</sup> are another group that has been singled out for special attention by the program. Concern for this population has been driven in part by recent trends including: (1) an increase in the average age at marriage; and, (2) a decrease in the average age at first sexual intercourse, trends which, when taken together, have led to an increase in the period of time in which young people in China are, on average, sexually active before marriage.<sup>92</sup> This fact, combined with reports of low levels of consistent condom use among sexually active adolescents in China, has led to concern that more adolescents are exposed to the risks of sexual behavior (acquiring an STI, having an unwanted pregnancy, and non-marital childbearing) for longer periods of time than before.

After being selected as one of six counties/districts to serve as national youth reproductive health pilots in September 2003, officials in Deqing County worked carefully to lay the groundwork for the promotion of adolescent reproductive health education (*qingchun jiankang jiaoyu* 青春健康教育), the primary intervention, and one for which there was little precedent. The little information that adolescents had previously received through official channels was limited to classroom instruction in reproductive physiology and even this was not always presented in a clear and consistent manner.

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<sup>89</sup> In China, persons age 10-24 are considered adolescents.

<sup>90</sup> In China, the minimum age for marriage is generally 20 for women, 22 for men. Some civil affairs offices have a higher minimum age.

<sup>91</sup> An assumption is made that sex is “safer” for married adolescents than for those that are not married. This may not be a valid assumption.

In preparing for the introduction of adolescent reproductive health education, officials in Deqing drew upon some familiar strategies to build support for the initiative, but they also employed some new ones. To start, in October 2003 the county set up a small group for youth reproductive health education. They also surveyed three different groups, teachers and school readers, parents, and young people (both in and out of school) to learn more about the SRH needs of young people in the county.

Although reproductive health education is new to parents, several parents with whom I spoke expressed support for the initiative. For example, one woman remarked, “Nowadays, kids are lucky [to receive reproductive health education]. When we were young, our parents never talked to us about these kinds of things. Even in school, if there was some information, we had to read it ourselves. It was not discussed.” One of the clients in Wukang said: “Our children have adolescent reproductive health education in school. We like that because many things are very hard for us to talk about (very difficult to get the words out [of our mouths]) because we feel embarrassed (*hen nan shuo chukou yinwei jue de nanwei qing* 很难说出口因为觉得难为情) and when the teacher says something they listen. So, we approve of it, nowadays, the kids are lucky when we were young our parents never talked to us about these kind of things. And in school if there was anything related to human reproduction, it wasn’t discussed. We had to read that part on our own.”

Some parents are comfortable discussing reproductive health issues with their children. For example, one woman from Wukang told me the following story about her son. “One day my son found a condom in a drawer and he asked me what it was. I told him it was a condom and that if bapa and mama used it he would not have a little brother or sister. He then asked me how it was used. I said when you grow up you put it on your *xiaojiji*. My son nodded indicating that

he understood. Once when my son was playing with his cousin, he used a condom as a toy filling it with water. His cousin asked him about his new toy. My son responded in a serious tone, this is a condom and added how come you don't know that. Later, his aunt asked me why I had talked to him about such a thing. I told her it was scientific knowledge and that it was better for kids to learn about these things earlier rather than later."

In spite of the general support from parents and teachers for reproductive health education, there is widespread opposition to the distribution of condoms to high school students. "There was an international expert," a county official told me, "that suggested that condoms be distributed to high school students. We gave her suggestion careful thought and solicited opinions from parents, principals, and teachers. There was unanimous opposition. So, we decided not to do it."

In March 2004, a county meeting on adolescent reproductive health was held and was attended by more than 130 persons from various departments, organizations, and schools. After the meeting, the Deqing County People's Government Office published an opinion (no. 48) on moving forward to strengthen adolescent reproductive health and AIDs prevention. Soon after, other departments and organizations including the Deqing Department of Education and the Deqing Communist Party Youth Organization published similar documents.

With the official support of these key departments and organizations, the Deqing Population and Family Commission, together with the *tuanxianhui*, the Women's Federation (*fulian*) and the Department of Education; decided that reproductive health education was to be carried out in three contexts, under the banner "enter the schools, enter areas, enter enterprises" (*jin xuexiao, jin shequ, jin qiye* 进学校, 进社区, 进企业). In 2007, the county established the Deqing County/China Youth Network, a local chapter of the national organization. In 2008, the

county and township service stations set up “adolescent service rooms” (*qingchun fuwu shi* 青春服务室) to create a comfortable environment for adolescents. They then developed and distributed the “reaching out to youth service card” (*qingqun fuwu lianxi ka* 青春服务联系卡) to adolescent students and unmarried youth working in enterprises. Shortly before I arrived in Deqing in 2009, a diverse group committed to youth health education with some teaching experience and organizational ability had just been recruited to establish a “teaching corps” for adolescent health education. To prepare the “teaching corps,” they decided to pursue a strategy of “inviting in and going out,” that is, they would invite national-level experts to come to Deqing to conduct training sessions as well as make arrangements for members of the group to attend national, provincial and prefectural-level workshops.

I participated in the first training session for this newly established teaching corps held in Deqing. The first part of the training session “expert-led training” (*zhuanjia peixun* 专家培训) followed a traditional lecture format. A national-level expert from Shanghai with special expertise in adolescent reproductive health introduced the group to some core concepts in the field. The second part “participatory training” (*can yu shi peixun* 参与式培训) utilized a variety of methods including group discussion, role playing, brainstorming and the case study method to cover topics related to sexual behavior and decision making. The aim was to introduce the participants to innovative methods that they could use to help young people develop negotiation and communication skills that would enable them to resist pressure from partners and peers to have sex that could put them at risk for a variety of adverse consequences. These methods are

common to mainstream approaches in the field of adolescent reproductive health,<sup>93</sup> but they were new to the participants in the training session and greeted with enthusiasm.

A few months later as part of a “Youth Reproductive Health Education Day,” I had the opportunity to observe a reproductive health education class in a local high school led by one of the teachers that had participated in the training session (see fig. 28). He followed the approach introduced in the session closely. He first made some introductory remarks and then, presented the scenario that was to be used to stimulate discussion. Then, the students broke down into small groups to discuss a particular question that their group had been assigned regarding the scenario presented and to write up their conclusions which they then presented to the larger group. It was clear that the students were actively engaged in the activity.

Though I did not formally interview adolescents, I did teach a class of adolescents, all of whom were still in school, and through this experience, I gained some insight into this population. Several spoke of the intense pressure placed on them by their parents to succeed academically, and how difficult it was to be admitted to a top-ranked university. In general, dating was discouraged by their parents and teachers. In spite of these prohibitions, some had “paired up” and others expressed an interest in doing so. These were, for the most part, clandestine relationships. Some said that things were different in Hangzhou, where one might be more open, but in Deqing a student remarked “everyone knows your business.” I had heard from a friend that the nightlife in Deqing was lively, but because I too felt under the microscope, this was not something that I explored. I felt that what I might learn from such an experience would be far outweighed by the damage it might do to the relationships I had worked hard to build.

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<sup>93</sup> The content as well which focuses on the risks of sexual behavior is pretty mainstream, certainly not “sex positive.”

There were alternatives that were more socially acceptable, such as visiting local teashops or striking up a conversation in the bookstore which stayed open pretty late, and these opportunities I enjoyed.



Fig. 28. Reproductive health education class for high school students  
(a) Introduction; (b) Small group activity; (c) Presenting results to the larger group

## ***Conclusion***

Like the migrant population in Deqing, the adolescent population in Deqing is quite diverse. There are two distinct populations of adolescents: those who are in school and those who are not. Those who are in school, public or private, are largely native to the area, and have local household registration whereas those who are out of school are largely migrants. The two groups are treated somewhat differently by the population program. Those who are in school get sex information only (no condoms) whereas those who are out of school are largely treated as adults. They get information as well as condoms. Of course, those who are in school are a captive population, and it is relatively easy to convey information to them. For those who are out of school, it is more hit or miss. The program is able to contact some but not others.

In both public and private schools, especially at the high-school level, it is quite common for children to board at school either because they live too far from the school or because they and their parents believe that they will be better able to focus on their studies, and will save precious time. It is difficult to convey the intensity of the pressure that students face. At every juncture in their education they must pass comprehensive exams to proceed to the next level. Their scores and class ranking are often publically displayed. Their school days are long, and they have little “free time.” Additionally, because they are often only children, all their parent’s hopes and dreams ride on their shoulders.

Some do not pass the comprehensive examinations and do not advance to the next level. In Deqing this population will usually end their formal education at this point though they may later get some vocational training. Aside from having had their plans for further education curtailed, some believe that this presents a social problem, especially for boys. Whether it is factually correct or just a stereotype girls are seen as more “nimble,” and having more



employment opportunities than boys of their age. The boys on the other hand are often relatively idle, and their parents believe they are more likely to get into trouble, especially since the opportunities for them to do so have increased. I was told that some parents give their sons money to start a business, but lacking the skills and the maturity to grow a business, they often fail and the money is all used up. Some cited this “problem with the boys” as another reason that it was better to have a daughter than a son. Not only did some think that girls are “closer to their parents” and more likely to meet their needs, particularly their emotional needs, the financial costs associated with having a boy are steep – setting them up in business can be costly. Additionally, when they marry it is expected that the boy’s parents will provide the couple with a place to reside. For those in Deqing, especially for those who reside in the county seat this usually means buying the couple an apartment in Deqing something which can be very expensive. Buying the couple an apartment in a nearby major metropolitan area such as Hangzhou or Shanghai is often an even larger expense. During my fieldwork my sister-in-law was preoccupied with preparing for her son’s wedding. Since her son worked in Shanghai, finding an apartment was difficult and paying for it was very costly.

Some who can afford to do so, opt out of the Chinese educational system altogether and study abroad, where the pressure is not as intense, and they will have more opportunities to develop their social skills and participate in extra-curricular activities. Parents in Deqing often talk about the prospects for study abroad. I was frequently asked how one went about doing so, and if I might help in some way. Even those of relatively modest means made such inquiries. Also, for those who intend to return to China after finishing study abroad, it is believed that it is good to get some “foreign ink” (*yang moshui* 洋墨水).

On the whole, the new generation of children receive a great deal of attention from their parents and grandparents. It is not uncommon for a child, often the only child, to be showered with so much attention from his/her parents and grandparents that the child's academic performance comes to occupy a central place in their lives. Moreover, their awareness that other children are being pushed to their limit adds further pressure on parents to push their children to excel in school. To bring up a child in this ultra-competitive environment can, at times, exhaust the energy and attention of parents. In Deqing, this does seem to have contributed to changing fertility desires and behaviors. A number of parents with whom I spoke said that the demands of childrearing were so great that they did not want a second child.

#### **Section 8.4: Integrating Gender Perspectives**

While “male and female equality” (*nannupingdeng* 男女平等) has long been considered an important principle,<sup>94</sup> attention to gender at the central-level of the population program is relatively new, and newer still at the local-level. I had the opportunity to participate in the first gender training session (*shehui xingbie peixun* 社会性别培训) for county and township-level providers in Deqing, an activity I will now describe.

The training session was led by a Deqing County provider who had participated in a national-level training session and employed participatory methods (*canyu fangshi* 参与方式) including analysis of case studies and small group discussions. The general pattern was as follows: the leader first introduced a core concept or set of concepts and then asked the group as a whole to consider related phenomenon, then, the participants divided into smaller groups. Each

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<sup>94</sup> In 2005, it became “basic national policy” (*jiben guocce* 基本国策).

of these smaller groups, discussed cases that provided further practice in applying the concept. After a period of time, they reassembled, and one member of each of the smaller groups, reported the highlights of their small group discussion to the group as a whole for further discussion. Rather than identifying the “correct answers,” the participants were encouraged to come up with their own answers, though there really wasn’t much ambiguity as to the kind of answers that were expected.

To start the leader introduced some core concepts including gender (*shehui xingbie* 社会性别), gender equality (*shehui xingbie pingdeng* 社会性别平等) and gender equity (*shehui xingbie gongzheng* 社会性别公正). As a group, they then discussed the ways various institutions such as the family and schools help shape gender expectations. In doing so, they also shared some of their own gender-related experiences. The leader then explained that in the interest of promoting gender equality, it was at times necessary to develop targeted interventions to help level the playing field.

After this introduction, the larger group broke down into smaller groups to discuss some specific national laws and policies, with the goal of identifying the motivations behind these laws and policies as well as some unintended consequences. Among the laws and policies considered was the “four period protection” (*siqi laodong baohu* 四期劳动保护) clause in the Law on the Protection of Women’s Rights and Interests, which says that women enjoy special labor protection during four periods: 1) menstruation; 2) pregnancy; 3) childbirth; and, 4) while nursing; and the labor department policy that mandates that companies contribute to a “birth insurance fund” (*shengyue baoxian jijin* 生育保险基金) to cover pregnancy and childbirth related costs.

After a break, the focus turned to the domain of reproductive health, with the leader first reviewing the ICPD (International Conference on Population and Development) definition of reproductive health and then quizzing the participants on its main contents. They then broke down into small groups to discuss some of the reproductive health effects of gender bias including imbalanced sex-ratios at birth, impaired growth and development of girls, and increased risk of RTIs. The concept of “male participation and responsibility” (*nanxingde canyu he zeren* 男性的参与和责任) was introduced and brief mention was made of men’s reproductive health needs.

The leader concluded the session by discussing some of the ways that gender affects the delivery of reproductive health services. She then introduced a few hypothetical cases, one involving a woman with a reproductive tract infection, who makes repeated visits to different doctors asking for an IUD, only to be turned away and told to return at a later date to have the IUD inserted, and another involving a pregnant woman who together with her husband visits a clinic for an ultrasound whereupon her husband asks the doctor to identify the sex of the fetus and the doctor replies that with this kind of ultrasound he cannot tell. The participants were then asked to identify the “gender blind spots” (*shehui xingbiede mangdian* 社会性别的盲点) in the cases and say why they thought the doctors had responded in the way that they did. In sum, the training session covered a lot of ground introducing the participants to many new and important concepts. Several examples were given, and the participants had the opportunity to discuss many complex and often controversial issues. They also had the opportunity to reflect on some of their own gender-related experiences.

In addition to efforts to raise provider awareness and understanding of gender issues, efforts have also been made to address gender bias in the delivery of reproductive health

services. Whereas previously men were, for the most part, systematically excluded from participating in program services, in Deqing, there has in recent years been an effort to reach out to men both as women's partners and as potential clients. This has taken two directions. First, with the woman's consent, men are encouraged to accompany their partners when they seek reproductive health services such as informed choice counseling, antenatal visits, post-partum visits etc. The assumption is that doing so will enhance their sensitivity to women's needs and may even prompt them to adopt male methods or take steps to prevent acquiring and transmitting STIs.



Fig. 29. Outreach efforts on Men's Day, October 28 (Wukang) Part of the banner reads: "Care for Men's Reproductive Health" (Source: DPBPC)

Second, the program now provides services for men by mobile service as well as at fixed sites such as the Deqing County Technical Service and Guidance Station (fig. 29), services that extend beyond birth planning and the prevention and treatment of STIs<sup>95</sup>. The "men's reproductive health check" which is offered at cost includes a number of items such as an EKG

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<sup>95</sup> Male providers have also been hired to deliver some of these services.

and liver ultrasound. While demand for this service is still relatively low (In 2004-2006, 4,700 men had reproductive health checks), it is expected to rise in the future as the population ages.

### **Section 8.5: Perfecting Population Policy**

While most attention has been directed at population program reform in Deqing, some attention has also been paid to “perfecting population policy” as a way to address current and future population problems, namely out-of-plan births by “families in special circumstances” (*teshu jiating* 特殊家庭) and the effects of a low birth rate on the age structure of the population in the years to come. Overall, the desire for a second child appears to be weakening in Deqing, and for those who do desire a second child, but are ineligible to have one under current rules, providers say the likelihood that they will violate government policy to have one is small. However, according to local leaders, there is a small but growing number of couples, “families in special circumstances,” for whom the desire for a second child is so strong that they might not comply with government policy if need be.

There are three distinct types of families in special circumstances (*teshu jiating*). The first type is known as *nongzhuanfei jiating* (农转非家庭). These are families whose household registration (*hukou* 户口) was converted from rural to urban after the land on which they lived and farmed was expropriated by the government for “public use,” a phenomenon that has become increasingly widespread in many parts of China in recent years. While officially no longer rural, they still live in rural areas and maintain a rural lifestyle. For them, a second child is important and they have demonstrated the lengths that they will go to in order to try to have one.

Since 2000, there have been 200 out of plan pregnancies among the *nongzhuanfei jiating* in Deqing and twenty-four out-of-plan births. While some of these out of plan pregnancies might have resulted in miscarriages, the vast majority were undoubtedly terminated by induced medical or surgical abortions; hence the discrepancy between the number of out of plan pregnancies and the number of out of plan births. In the future, program leaders expect that their numbers will likely grow. As of 2008, there were 1,972 married *nongzhuanfei* couples and 6,000 unmarried persons with *nongzhuanfei* status, many of whom are currently in or will shortly enter their peak childbearing years.

The second type of *teshu jiating* (特殊家庭) is a family in which both husband and wife were previously married to different partners with whom they had children. For the sake of “marital stability,” this group is also highly motivated to have a child with their new spouse whether or not they are eligible to do so, according to current rules. From 2001-2007, there were eighty out-of-plan pregnancies among this group in Deqing. Moreover, among 255 remarried couples not eligible to have a child, 70% were under age forty. As divorce rates increase and the age of divorce decreases, program leaders expect families of this type will also increase in coming years.

The third type of *teshu jiating* is a family where one member of the couple is an only child and the other has one sibling. These families often desire two children, a boy and a girl, especially in cases where the woman is an only child and the man has a sister so that when their children marry “no one goes in and no one goes out” (*bujin buqu* 不进不去). Among this kind of family, out-of-plan births have also been on the rise in recent years.

While it has been acknowledged that the *teshu jiating* were “dealt with rather harshly by

the program in the past,” the signals from provincial authorities have changed, and an effort is now being made to accommodate their desire for a second child. To bolster the case for “perfecting policy” in Deqing, i.e. allowing each of the three types of *teshu jiating* to have an additional child, a study was undertaken to project the age structure of the population in 2050 if these steps were taken. The results (Table 5) indicated that after “perfecting policy,” the projected population would not be significantly larger than if the current policy were to remain in place. However, the age structure of the population would improve because the percentage of the population 14 and under would increase and the percentage of the population 65 and over would decrease.

Local leaders in Deqing stress the urgency of “perfecting policy” so that children born in the next few years will be part of the workforce by 2020, thus alleviating the predicted decrease in the working age population and the increase in the population 65 and over. If this opportunity were to be missed, program leaders believe that increasing urbanization would likely cause people’s desire for children to decline even further, and then even if population policy were to change it would be difficult to increase people’s desire for children. Thus, while addressing the problem of out of plan births by “families in special circumstances,” local leaders are also seeking to improve the future age structure of the population, an age structure that is at least in part a product of the “success” that has been achieved in lowering the birth rate.



Table 5. Deqing County, Projected Population under 14, over 65, and total, 2010-2050, under Current policy and “Perfect Policy”. Source: DPBPC

	Under 14 (%)		Over 65 (%)		Total	
Year	Current Policy	Perfect Policy	Current Policy	Perfect Policy	Current Policy	Perfect Policy
2010	11.0	11.7	13.5	13.4	425,943	429,124
2015	10.0	11.5	16.6	16.3	426,027	433,105
2020	10.3	12.5	21.1	20.5	423,331	433,998
2025	10.0	12.1	25.6	24.9	416,036	429,297
2030	8.5	10.1	33.3	32.1	404,018	419,147
2035	6.5	8.0	41.5	39.6	388,844	407,367
2040	6.3	8.2	43.8	41.3	369,569	392,408
2045	6.7	9.0	44.4	41.3	345,008	371,166
2050	6.7	9.0	44.2	40.5	315,826	344,922

## CONCLUSION

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This dissertation is based primarily on field work in Deqing County, a rural county located in the northern part of Zhejiang Province, in the Jiangnan region of China. It has explored how global discourses and practices on sexual and reproductive health articulated in global forums and consensus documents have been taken on, interpreted, and experienced by people at the local level in China. While some attention has been paid to the way such discourses have been taken on by leaders at the central-level (see especially Greenhalgh 2010; Greenhalgh and Winckler 2005), until now relatively little attention has been given to documenting developments at the local-level. To the best of my knowledge, this study is the first to examine program reform in a pilot site for the introduction of new and more client-centered approaches to implementing the population program.

Knowledge of developments at the local-level is key to understanding the degree to which these global discourses on “reproductive health” and “rights” taken on by China’s central-level leaders have been put into practice at the local level and how in the process these discourses and processes have, as Inda and Rosaldo (2002) put it, been “reinscribed in new time-space contexts.” I have presented evidence that strongly suggests that in the case of China the globalization of these discourses and practices has resulted in neither greater homogeneity or heterogeneity but rather a mixing of cultures something akin to what has been variously described as a “hybridization” (Canclini 1995), “creolization” (Hannerz 1987, 1997), “indigenization” (Appadurai 1990, 1996) and “domestication” (Tobin 1992).

I also provide evidence that, in taking on these global discourses and practices, the mode of governance has begun to shift from direct to indirect means. In the current environment where

the market has come to play an ever greater role in people's lives, it is neither feasible nor desirable to intervene directly at all times. This has been well-understood by the program's leaders, who adopted a new "mechanism" for implementing the program, one based on market logics.

Although governance by indirect means has become more prevalent, direct governance is always an option. For particular populations such as migrants who are often perceived as being of "low quality" and "difficult to manage," direct means are at times employed. This is the case in Deqing, where migrants are subject to more rules and regulations than those native to the county. They are also offered additional "services" such as "double IUD checks" in large part because they are seen as being at elevated "risk" for a range of negative outcomes, including acquiring a sexually-transmitted infection, or having an out of plan pregnancy. Whether this is indeed the case is subject to debate.

Faced with slowing economic growth, serious demographic challenges, and the changes brought about by the deepening marketization of Chinese society, the population program has demonstrated great creativity in broadening its mission and the populations it serves, including those that have been a focus of global attention in recent years. It has done so, at a time when the program's *raison d'être*, "controlling population quantity," has largely ceased to exist. Taking on global discourses and practices on sexual and reproductive health while shifting the emphasis to "improving population quality" has helped to shore up the program at a time when it was at risk of becoming irrelevant.

Program reform is being carried out using an approach long popular in the People's Republic of China, that is, trying out new methods in experimental sites before scaling up and formulating policy, the opposite of what is done in many places. Reforming practice before

changing policy reduces the risk, especially the political risk of failure. Innovation is encouraged, but if these innovations fail, the cost is relatively low; they will be abandoned and new ones will take their place. At the same time, if these innovations succeed, the case can gradually be made for a change in policy. This has been the case in the domain of population.

An early innovation in program reform was the introduction of informed choice of contraception. Since that time, the practice has been institutionalized, protocols have been developed, providers have received counseling training, information regarding clients' rights to make an informed choice has been widely disseminated, and space has been allocated in the clinic where private conversations can take place. However, since informed choice was first introduced, the "choices" have not been expanded beyond choice of contraception. Though the women whom I interviewed in Deqing are clearly pleased with their new contraceptive options, they understand that other choices such as how many children to have are constrained by government policy. This is something they by and large accept and regard as reasonable as long as policy is implemented fairly, that is, all are subject to the same rules. At the conclusion of my interviews, having asked numerous and often very personal questions, I asked my informants if they had anything they would like to ask me. On more than one occasion, I was asked what birth planning policy was in the US. It was clear that those who asked the question took it for granted that such a policy existed. After over three decades of the one-child policy and a strong birth planning program, birth planning policy is a fact of life for these women who were largely rural and had a middle-school education.

In addition to the right to make an informed choice which has now been enshrined in law, several other rights have been widely promoted in Deqing, including the right to obtain services and the right to receive "rewards" for compliance with program rules. Women in Deqing are well

informed of these rights and know that in the event their rights are violated they have a right to administrative review. Some women have exercised this right. As with “choice,” the nature of the “rights” to be protected and promoted is different from the general understanding of reproductive rights. While interpretations differ, the program’s inclusion of “choice” and “rights,” such as they are, mean a great deal to women and their families in Deqing.

It is difficult to say what the long-term effects of the program’s efforts to protect and promote its version of “choice” and other rights will be, or whether the inclusion of these rights opens political space for the further development of these and other rights. China scholars have long debated the prospects for democratization in China which some see as a more or less inevitable, given the changes that have been set in motion by economic reform and China’s deepening integration into the global economy. Others deny that such a link exists. In their view, political reform is not an inevitable outcome of economic reform. One can exist without the other. Similarly, the program’s adoption of a new “mechanism” for program implementation, one based on market logics, does not necessarily mean that the program has “loosened up.” Rather it seems that the goal has been to govern more efficiently in a rapidly changing socioeconomic context. The case of “informed choice” is instructive.

In general, it seems that in Deqing governmental initiatives to raise population quality have been warmly received, certainly more so than earlier efforts to control population quantity, which were at times forcefully implemented and fiercely resisted. Faced with increasingly competitive markets for schooling, jobs, and marriage, people themselves are keenly interested in improving their own population quality and that of their offspring. The program in Deqing has clearly capitalized on people’s desires as well as their anxieties about the future. In a rapidly

changing socioeconomic context where there are few guarantees people want to do all that they can to get a competitive edge or at least stay afloat and not be left behind.

Given China's complexity and diversity, and the challenges that exist, can what has been achieved in Deqing be replicated elsewhere? The flexibility of the approach to program reform is suitable to be replicated elsewhere. As detailed in the text, providers in Deqing are encouraged to be innovative in the implementation of the population program. A similar approach is being used in pilot sites throughout the country, including less-developed sites in Central and Western China. Pilot project leaders at each site have been encouraged to address issues that they see as particularly relevant to their own situation. The pilot sites are not "models" in the conventional sense. They are genuinely experimental, often wildly so, something that seems to have been misunderstood by some scholars.

Even though Deqing is different from other places in some regards, the challenges that leaders in Deqing now face transcend the local environment. These challenges include: how to sustain economic growth as the working age population declines; how to provide some means of security to the growing segment of the population aged 65 and over; how to "manage" the migrant population and promote their "social integration;" how to address the environmental consequences of industrial development and its effects on the health of the population, particularly the young; and finally, how to change the behavior of populations, adolescents in particular, who are seen as being at heightened risk for having an unwanted pregnancy, acquiring a sexually-transmitted infection, or non-marital childbearing

Taking a broader perspective, one can compare demographic change in Mainland China to that in other areas in East Asia which are predominantly Han Chinese, such as Taiwan, or have been influenced by Han Chinese culture such as South Korea. Both Taiwan and South

Korea developed strong family planning programs in the 1960s and have sustained high economic growth rates in recent decades. As fertility rates declined in Taiwan and South Korea, they too had significant imbalances in the sex ratio at birth. Beginning in the early to mid-1990s, things began to turn around, and the sex ratio at birth started to become more “normal.” Moreover, like fertility declines in much of the world, the normalization of the sex ratio at birth, have, in both Taiwan and South Korea followed a steady trajectory and became increasingly more “normal” over time, leading some (see especially Guilmoto, 2009) to speak of a “sex ratio transition” in much the same way demographers have spoken of demographic and epidemiological transitions. This pattern led Gu and Roy (1995) to argue that it is not China’s intensive family planning program per se that led to an imbalance in the sex ratio at birth but rather the rapid pace at which fertility declined. China’s population establishment, especially those at the top, are very interested in the South Korean case, and what it might portend for China’s sex-ratio problem, namely that it too might become “normal” over time.

With the announcement in March 2013 of plans for establishing a National Health and Family Planning Commission by merging the existing Health Ministry with the National Population and Family Planning Commission, program change is a given. This merger between the two agencies is part of a larger project aimed at institutional reform and the transformation of government functions across the board. According to Ma Kai, secretary general of the State Council, who made the announcement, “The integration of the two ministerial-level departments is aimed at better upholding the basic national family planning policy, improving medical and health care services and deepening institutional reform in the medical care and public health sectors.” It is interesting to note, that one function is not a part of this merger – the development of population and development strategies and policies. This function has been taken on by the

National Development and Reform Commission. This seems to indicate that population policy will continue to be of central importance. Given the pattern of experimental governance, the pilot sites will likely continue to play a central role in testing new strategies to program implementation. Just before I left the field, the county government in Deqing made its own effort to facilitate inter-departmental communication and collaboration by moving county-level administrative and managerial staff of all government agencies, including the county office of the National Population and Family Planning Commission, to a single building recently erected with that purpose in mind. While coordination between these various agencies should be improved, ties between county-level administrators and service delivery personnel may be weakened as they will no longer occupy the same building as they had before.

The issue of whether the one-child policy will change is less clear. While it would not have been politically feasible to advocate policy change at the outset (at least not in public forums), the gradual accumulation of positive results from the quality of care pilot sites (and perhaps just as importantly the absence of negative effects such as a rebound in fertility) have helped build the case for policy change. The results of studies conducted by social scientists in China, who over time have become increasingly influential in shaping policy in China, have further strengthened the case. Particularly important have been the studies (Cai 2010; Gu and Wang 2009; Zheng, Cai, Wang and Gu 2009) that compared fertility in areas with a strict one-child rule with areas where local fertility policy allowed most couples to have a second child. These studies have found little difference in fertility between the two areas, leading the studies' authors to conclude that socioeconomic development and not policy has been the decisive factor in the transition to below-replacement fertility. These findings are consistent with what I found in my own fieldwork. Most couples in Deqing do not want more children than the state allows.



Moreover, among couples who are eligible, according to local policy, to have a second child, many have chosen not to “even if” their first child is a girl. Therefore, even though the one-child policy remains in place, its effect is muted. The results of experiments carried out in pilot sites .and the findings of China’s top social scientists make a strong case for policy change. Both provide evidence that it is unlikely that lifting policy would lead to a significant and sustained rebound in fertility. Both also stress the urgency of policy change. It may already be too late to solve some of the serious demographic challenges that China now faces or will soon face, but a further delay would only worsen the situation. Even Peng Peiyun, former minister in charge of the State Family Planning Commission, believes it is time to relax policy. Still, there appears to be strong opposition to lifting policy in some quarters. Thus, it may be that at the level of discourse the one-child policy will remain in place at least for the short-term. At the level of practice, however, policy will most likely continue to erode as exceptions to the one-child rule continue to grow.

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## APPENDIX I

### Glossary

B 保姆 *baomu* women who provide child care and/or house-keeping services. .

本地人 *bendiren* people who are native to the area

表演 *biaoyan* perform

表格 *biaog* spreadsheet

不方便 *bufangbian* inconvenient

不很适应 *bu hen shiying* not very suitable/adaptable

不进不去 *bujin buqu* no one goes in and no one goes out

补救措施 *bujiu chushi* “remedial measures,” a euphemism for abortion

补习班 *buxiban* after-school program

### C

参与方式 *canyu fangshi* participatory methods

参与式培训 *canyushi peixun* participatory training

出生后 *chushenghou* couples who have just had a child

出生缺陷 *chushengquexian* birth defects

出生证 *chusheng zheng* a birth permit

## D

大茶会 *da cha hui* tea drinking rituals

单位 *danwei* socialist work unit

独生子女政策 *dushengzinuzhengce* one-child policy

## F

法律 *falu* law

放松心情 *fangsong xin qing* cheer up – loosen up a bit

妇联 *fulian* All-China Women's Federation

妇女主任 *funuzhuren* The “women's head represents the interests of the women in the village and serves as the village population program worker

服务网络进一步改善 *fuwu wangluo jinyibu gaishan* further improving the service network

## G

改革开放 *gaige kaifang* reform and opening up

个体工商户 *geti gongshanghu* private business

公安局 *gonganju* the Department of Public Security

公民社会组织 *gongmin shehui zuzhi* civil society organizations

工业之乡, 钢琴之乡 *gongyvezhixiang ganqingzhixiang* the home of industry, the home of pianos.

管理流动人口 *guanli liudong renkou* managing the migrant population

## H

合理的 *helide* reasonable

很难说出口因为觉得难为情 *hen nan shuo chukou yinwei jue de nanweiqing* very hard for us to talk about (very difficult to get the words out [of our mouths]) because we feel embarrassed

很注重身体 *hen zhuzhongde shenti* paying a lot more attention to health

红豆茶 *hongdoucha* baked soybean tea

怀孕 *huaiyun* pregnant

户籍地 *hujidi* place of origin

户口 *hukou* household registration

婚姻法 *hunyingfa* Marriage Law

婚前 *hunqian* prior to marriage

婚约证明 *hunyu zhengming* marriage certificate

活动 *huodong* activities

## J

监督 *jiandu* urge

健康宝贝计划 *Jiankang Baobei Jihua* the “Healthy Baby Plan”

基本国策 *jiben guoce* “basic national policy”

节制生育 *jiezhi shengyu* birth control

计划生育 *jihua shengyu* birth planning



进学校, 进社区, 进企业 *jin xuexiao, jin shequ, jin qiye* “enter the schools, enter areas, enter enterprises” refers to carrying out the reproductive health education in these three places.

技术服务 *jishu fuwu* technical services

机制 *jizhi* mechanism

决定 *jueding* decision

绝经期 *juejingqi* menopausal period

## K

开发区 *kaifaqu* economic development zone

炕 *kang* a heated stone platform bed

客气 *keqi* polite

科学的态度 *kexue de taidu* scientific attitude

控制人口数量 *kongzhi renkou shuliang* controlling population quantity

## L

老家 *laojia* place of birth

老乡 *laoxiang* hometown

两个免费 *liangge mianfei* “two frees”

两个转变 *liangge zhuanbian* “two reorientations”

流动人口 *liudong renkou* the “floating population”

流动人口证明 *liudong renkou hunyue zhengming* the migrant identity card

留守 *liushou* left behind

## M

免费服务制度 *mianfei fuwu zhidu* the free service system

免费婚前医学检查指南 *mianfei hunqian yixue jiancha zhinan* “Free Premarital Medical Check Guide ”

母婴保健法 *moyin baojian fa* the Maternal and Infant Health Care Law

## N

男女平等 *nannupingdeng* male and female equality

男性的参与和责任 *nanxingde canyu he zeren* male participation and responsibility

农家乐 *nongjiale* refers to a new mode of leisure travel. Wealthy Chinese and expatriates go to the countryside to spend time with local farmers to “experience” rural life.

农转非家庭 *nongzhuanfei jiating* These are families whose household registration (*hukou* 户口) was converted from rural to urban after the land on which they lived and farmed was expropriated by the government for “public use”.

## P

培训 *peixun* training sessions

批评教育 *piping jiaoyu* criticized and educated

## Q

青春健康教育 *qingchun jiankang jiaoyu* adolescent reproductive health education

青春服务室 *qingchun fuwu shi* adolescent service rooms intended to create a comfortable environment for adolescents.

青春服务联系卡 *qingqun fuwu lianxi ka* reaching out to youth service card

青春期 *qingqunqi* adolescence

青少年犯罪 *qingxiaonian fazui* crimes committed by youth between 10 and 25 years of age

情绪低落 *qinxu diluo* depressed – spirit is down

奇形脑瘫儿 *qixing nao taner* deformed brain

## R

人口分布 *renkou fenbu* population distribution

人口结构 *renkou jiegou* population structure

人口学校 *renkou xuexiao* population school

人民公社 *renmingongshe* commune

## S

社会抚养费 *shehui fuyang fei* social compensation fee

社会和谐稳定 *shehui hexie wending* social harmony and stability

社会营销网络 *shehui yingxiao wangluo* social marketing network

社会性别 *shehui xingbie* gender

社会性别的盲点 *shehui xingbie de mangdian* “gender blind spots”

社会性别培训 *shehui xingbie peixun* gender training session

社会性别平等 *shehui xingbie pingdeng* gender equality

社会性别公正 *shehui xingbie gongzheng* gender equity

生育对象服务证 *shengyu duixiang fuwuzheng* birth service certificate

生育保险基金 *shengyue baoxian jijin* “birth insurance fund”

生殖健康检查 *shengzhi jiankang jiancha* reproductive health checkup

四期劳动保护 *siqu laodong baohu* “four period protection”

思想改变 *sixiang gaibian* change in people’s way of thinking

素质 *suzhi* quality

素质较差 *suzhi jiao cha* quality is relatively low

## T

特出情况 *techu qingkuang* special situation

特殊家庭 *teshu jiating* families in special circumstances

条例 *tiaoli* regulations

提高素质 *tigaosuzhi* improve the “quality” [of the Chinese people]

提高人口素质 *tigao renkou suzhi* improve “population quality”

同时宣传，同服务，同管理 *tongshi xuanchuan, tong fuwu, tong guanli* the same publicity, the same service, and the same management techniques

团委 *tuanwei* the communist youth league

图澡盆浴 *tuzao pengyue* a clay basin in which one can take a bath

## W

外来人口 *wailai renkou* the “population coming from outside” refers to those whose current place of residence is different from the place where they have household registration (户口).

外出人口 *waiqu renkou* the “population that goes out” refers to those with local household registration living and working in other places, usually in the urban areas.

晚稀少 *wanxishao* “later, longer, fewer”

娃娃情 *wawaqing* fell in love as babies

稳定的低生育水平 *wendingde di shengyu shuiping* stabilizing the low fertility rate

文化素质 *wenhua suzhi* cultural quality

## X

乡镇 *xiangzhen* township

小鸡鸡 *xiaojiji* a diminutive for a boy’s penis (usually for a boy under five years old).

下乡知青 *xiaxiang zhiqing* “sent down” youth, urban youth who were sent to the countryside during the Cultural Revolution to live and work with the farmers.

新德清人服务卡 *xin Deqing ren fuwu ka* New Deqing Person’s Service Card

新德清人服务手册 *xin Deqing ren fuwu shouce* “New Deqing Person’s Service Handbook”

新德清人 *xin Deqing ren* “New Deqing Person”

性服务工作 *xing fuwu gongzuo* sex workers

行政村 *xingzheng cun* administrative villages

新婚 *xinhun* newly married

性情烦躁 *xinqing fanzao* irritable

宣传教育 *xuanchuan jiaoyu* propaganda and education

## Y

严重的社会负担 *yanzhongde shehui fudan* a serious social burden

洋墨水 *yang mo shui* foreign ink

言外之意 *yanwaizhiyi* read between the lines

野蛮 *yeman* barbaric

一见钟情 *yijian zhongqian* love at first sight

意见 *yijian* opinion

宜使用 *yishiyong* suitable

意外 *yiwai* unexpected

由点到面 *youdian daomian* proceeding from point to surface

优惠政策 *youhui zhengce* preferential policies

元 *yuan* Chinese currency 1 USD = 6.1 *yuan*

鱼米之乡，丝绸之府，竹茶之地，文化之邦 *Yumizhixiang, sichouzhifu, zhuchazhidi,*

*wenhuazhibang* “The land of tea and bamboo, the home of silk, the land of fish and rice, the seat of culture”

运动 *yundong* campaigns

## Z

再生育证 *zai shengyu zheng* a permit for a second birth

招女婿 *zaonuxu* to marry uxorilocally

暂住证 *zhanzhuzheng* a temporary residence card

指导 *zhidao* guide

知情选择 *zhiqing xuanze* informed choice

专家培训 *zhuanjia peixun* expert-led training

自己控措施 *ziji kong cuoshi* self-control measures

自觉 *zijue* willingly

自由恋爱 *ziyoulianai* free love as opposed to arranged marriage

自愿的原则 *ziyuan de yuanzi* voluntary

## **APPENDIX II**

### **ACRONYMS**

CCSC	Central Committee and State Council
CPDRC	China Population and Development Resource Center
CPIRC	China Population Information Research Center
DCPFPC	Deqing County Population and Family Planning Commission
GDP	Gross domestic product
IPPF	International Planned Parenthood Federation
MICHL	Maternal and Infant Health Care Law
MOH	Ministry of Health
MWRA	Married Women of Reproductive Age
NPFPC	National Population and Family Planning Commission
SFPC	State Family Planning Commission
SRHRR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
WPPA	World Population Plan of Action
UNFPA	United Nations Population Fund
UNESCO	United Nation Education Scientific and Cultural Organization



